Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 2. Data of Death 1. Decedent's Nama (First, Middla, Last) Month isher harles 08 199 241 4c. County of Death 4a. Facility Nama (If not institution, give street and number) 4b. City. Town, or Location of Death Washington County Hospital Washington Hagerstown If Under 24 Hrs. Hours Min. Dec. 31, If Under 1 Year 9. Birthplaca (Stata or Foreign Country) Illinois 5. Social Security Number 7. Age (In yrs. last birthday) Days 120 M 2□ F 330-34-6551 57 Yrs. Usual Rasidance of Dacedant 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits Maryland Washington 1 ☐ Yes 2€ No Hagerstown 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 11804 Bradford Drive 21742 USA Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, Whita, atc. 1 Never Married 2 Married white 1 ☐ Yas 2 ☑ No Specify: 3 ☐ Widowed 4 ☐ Divorced 16b. Kind of Business/Industry 15. Decedant's Education 16a. Decedant's Usual Occupation (Giva kind of work dona d lifa. DO NOT usa ratired) (Specify only highast grada complated) during most of working Elementary/Secondary (0-12) Collega (1-4or 5+) military U. S. Gov. 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maiden Surnama) Charles Lester Fisher, Sr. Alpha Jenkins 19a, Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Route Number, City or Town, State, Zip Code) Roseann W. Fisher - wife 11804 Bradford Drive, Hagerstown, Md. 21742 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20c. Location - City or Town, State 20a. Mathod of Disposition 1 Burlal 2 Cramation 3 Ramoval from Stata Arlington Nat. Cemetery 6-16-97 4 ☐ Donation 5 ☐ Othar (Specify) Arlington, Va. 21. Signature of Funeral Sarvice Licensee 22. Nama and Addrass of Facility MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximate Intarval Betwaen Onsat and Death ocardial Inforction Immediata Ceusa (Final disaasa or condition rasulting in daath) Sequantially list conditions, if any, laading to immadiata ceusa. Entar Undarlying Causa (Disaasa or Injury that initiated avants rasulting in daath) Last Dua to (or as a consequence of): Due to (or as a consaguance of): 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown 24b. Wera autopsy findings available prior to 24a. Was an autopsy performed? completion of cause of death? 1 ☐ Yas 2 110 1 ☐ Yas 2 ☐ No 25. Was cesa rafarrad to medicei axaminar? 26. Placa of Daath (Check only ona) 2 1 No Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Tas 1 Inpatiant 2 ER/Outpatlent 3 DOA 28a. Data of Injury (Month, Day Year) 27. Manney of Death 28d. Dascribe how Injury occurred 28b. Tima of 28c. Injury at Work? 1 Natural 5 Panding 1 Yes 2 No Invastigation 2 Accidant

1 Cartifying Phyalcien: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated.

Location (Streat and Number or Rural Route Number, City or Town, State)

29d. Data signed (Month, Day, Year)

Examiner The law requires that the deeth certificate be executed Division of Vital Records, P.O.

harles Lester Fisher

ettending physician ate has been signed by the ette page 2 should be deteched for certificate has To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica director funeral illed in by

Physician

/Medical

Examiner

Director

Funeral

þ

Completed

Be

Physician/Medical

þ

Completed

Be

2

Certification:

Medical

3 ☐ Suicida

29a. Cartifian

4 Homloida

Funeral

Director

7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Modical Examinat must be notified as

permit. Pages 1 end 2 should be filed within 7; Department of Health and Mental Hygiene. important: If Item 27 is marked other than "na any Injury or other traumatic event, the Meda once.

Physician

/Medical

the Maryland

filed within 72 hours efter deeth with

Baltimore, Maryland 21215-0020

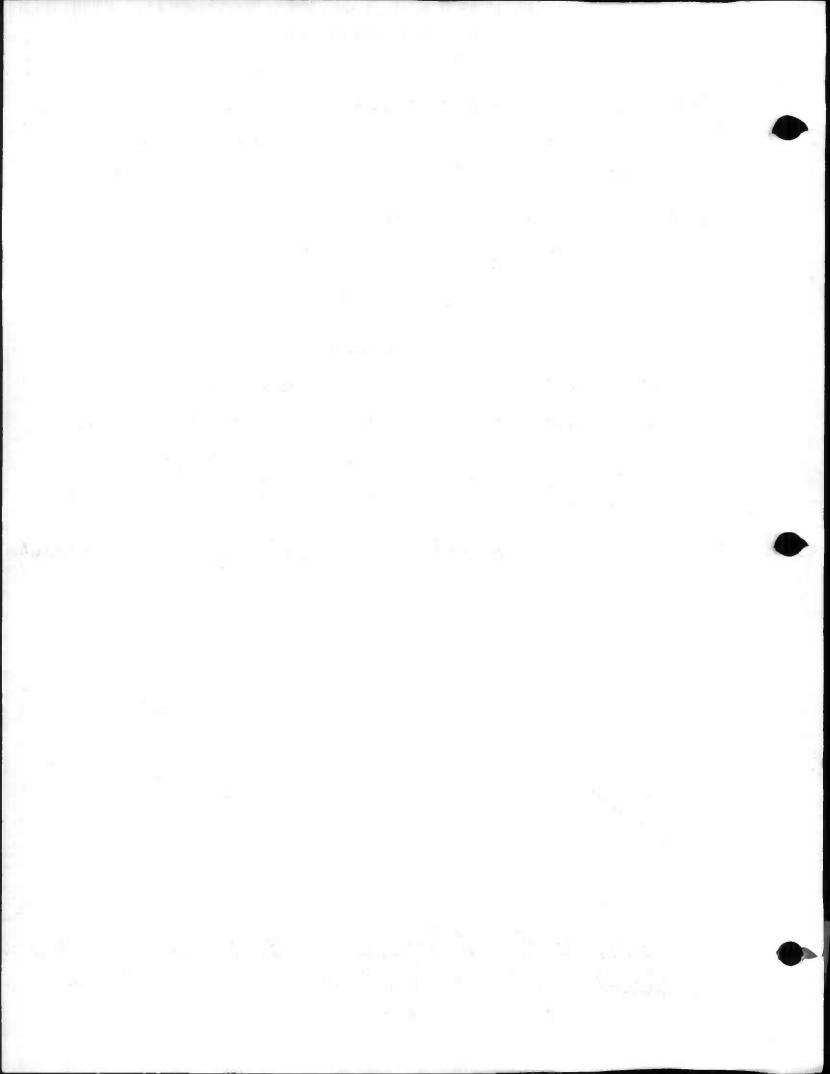
State Registra

29b. Signatura and titla of cartifian

6 Could not ba

Potomac Ave.

Place of Injury - At homa, farm, streat, factory, offica building, atc. (Specify)



			State of M		nd / Depa	ırtmer	nt of				/gier	ne (7	19002	
an	Decedent's Nam David	ne (First, Middle, La	Gaizband		-			50007		2. Date of De June		1997	Year	3. Tim f th	
eal er	4a. Facility Name (If not institution, giv	va street and number	r)			1	4b. City, Tow	m, or L	ocation of Deal	th /	tc. County	of Death	1	
	Collings 5. Social Security N	Number 6. S		ge (In yrs.	yrs. last birthday) If Undar 1 Year If Under 24 Months Days Hours N					rs. 8. Date of Birth 9. Birthplace (State or F.				nplace (State or Foreign	
	135-03-7	/458	1 ⊠ M 2□F	81	Yrs.	NOTITIS	Days	Hours	IVIII I.	Sept.	127	"191	Ne	ew Jersey	
	10a. State	10b. County		10c. Cit	ty, Town or Loc	cation								10d. Inside City Limits	
ctor	MD	Montgo	mery		Rockvi	lle								1 ☐ Yes 2√2 No	
Dire	10e. Sfreef and Nu					10f. Ziş	p Code				10g. (Citizan of V	Vhat Co	untry?	
ra .	299 Hur	cley Ave.	<i></i>				208	350			Un:	ited	Stat	es	
Completed by Funeral Director	11. Marital Sfatus 1 □ Never Marr 3 ☎ Widowed	ried 2 Married	12. Was Deceden Armed Forces 1 X Yes 2 I if Yes, Giva Year or Dates	?] No	if	Vas Dace Yes, spe	ecify Cul	oan, Mexican,	in? (Sp Puerto	(Specify Yes or No- erto Rican, etc.) 14. Race Black Specify:					
B		15. Decedent's E		. ,,,,,,	16a Decedent's Usual Occupation						16b	Kind of Bu	siness/l	ndustry	
nplet	(Spec	cify only highest gre	ade completed) College (1-4or	r 5+)	(Give kind of work done during most of wo life. DO NOT use retired)				of work	king					
Con			2		Own Business							Credi		ency	
To Be	Samuel G)							e (First, Middle Schuma			Θ)		
	19a. Informant's N	ame/Relationship ((Type, Print)		19b. Mailin	g Addres	s (Stree	et end Number	r or Rui	rel Route Numb	oer, Cit	y or Town,	Stete, Z	ip Code)	
	Marilyn	S. Gaizb	and		3723	York	towr	villa	ige	Pass Ar	nnar	ndale	, VA	22003	
	20e. Method of Dis		75 14 011	20b. F	Placa of Dispos cemetery, crem	sition (Ne	me of other pla	ace)		Date	20c.	Location -	- City or Town, State		
	4 Donation 5 Other (Specify) Mt. Comfort Crematory 6/11 Alexandr										ria,	VA			
	21. Signature of Fu	ineral Servica Lice	nter		22	Name a	nd Addr	ass of Facility		1 Dine	-1-2-				
		1					_			l Direc			2085	12	
	23a Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List the one cause on each line.												1	Approximate Interval Between Onset and Death	
	disease or condition resulting in death)		a. Pneumo	nia									i	1 week	
7	resulting in dealtry				or as a consequ		1						1		
nlu			_{b.} Parkin	sons	Diseas	e ,								years	
cal Examiner	Sequentially list co if any, leading to in cause. Enter Unde Cause (Disease or fhat initiated events	Injury	c		or as a consequence as a consequence of the consequ										
by Physician/Medic	resulfing in death)	Last	d												
sicia	Part II. Other signif	Icant conditions of	contributing to death	but not res	ulting in the un	derlying	cause g	iven in Part i.		23b. Did	tobac	co use coi	ntribute	to the cause of death?	
y Phy		mers Dise								1 🗆	Yes	2](No	3 □ Pr	obably 4 Unknown	
Completed b										24a. Was	s an au ormed		8	Vere autopsy findings vailable prior to completion of causa of death?	
Com										10	Yes	2 ⋈ No	1	☐ Yes 2☐ No	
Be	25. Was case refer examiner?	red to medical							of Deat	th (Check only	one)				
ို	1 ☐ Yes 2 🕽		Hospital: 1 ☐ inpat		ER/Outpatient	-	UA		sing Ho	ome 5 Res			-	eity)	
atlon:	27. Manner of Deat 1 □ Natural 2 □ Accidant	h 5 ☐ Pending Investigatio	28a. Date of Inj (Month, Date)	ury e <i>y Year)</i>	28b. Time of Injury	M	28c. Inji W∈ 1 [ıryat ork?]Yes 2 □ N	lo	28d. Describe	how In	ljury occuri	red		
ertific	3 Suicida 4 Homicide	6 Could not b determined	286. Placa of In	njury - At ho	ome, farm, stra y)	ef, factor	y, office			28f. Location (City or To			er or Ru	ral Route Number,	
27. Manner of Death 1 Natural 2 Accidant 3 Suicida 4 Homicide 28a. Date of Injury (Month, Dey Year) 28b. Time of Injury M 1 Yes 2 No 28c. Injury at Work? 1 Yes 2 No 28d. Describe how Injury occurred 28d. Describe how Injury occurred									stated. to the cause(s)						
Me	29b. Signature and title of artificial 29d. Data signed (Mor									d (Month	Day, Year)				
	Walley Control of the														
9	30. Name and address of person who completed cause of death (Item 23a) (Type, Print)														

State Registrar

1299 Lamberton Drive Silver Spring, MD 20902
31. Date filed (Month, Day, Year)

32. Registrar's Signature

34. Registrar's Signature

35. Registrar's Signature

36. Registrar's Signature

10

Physic /Medi Exami

Funeral Director

permit. Peges 1 end 2 should be filed within 72 hours after death with the Marylend Department of Health end Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Eraminat Fust be notified at once.

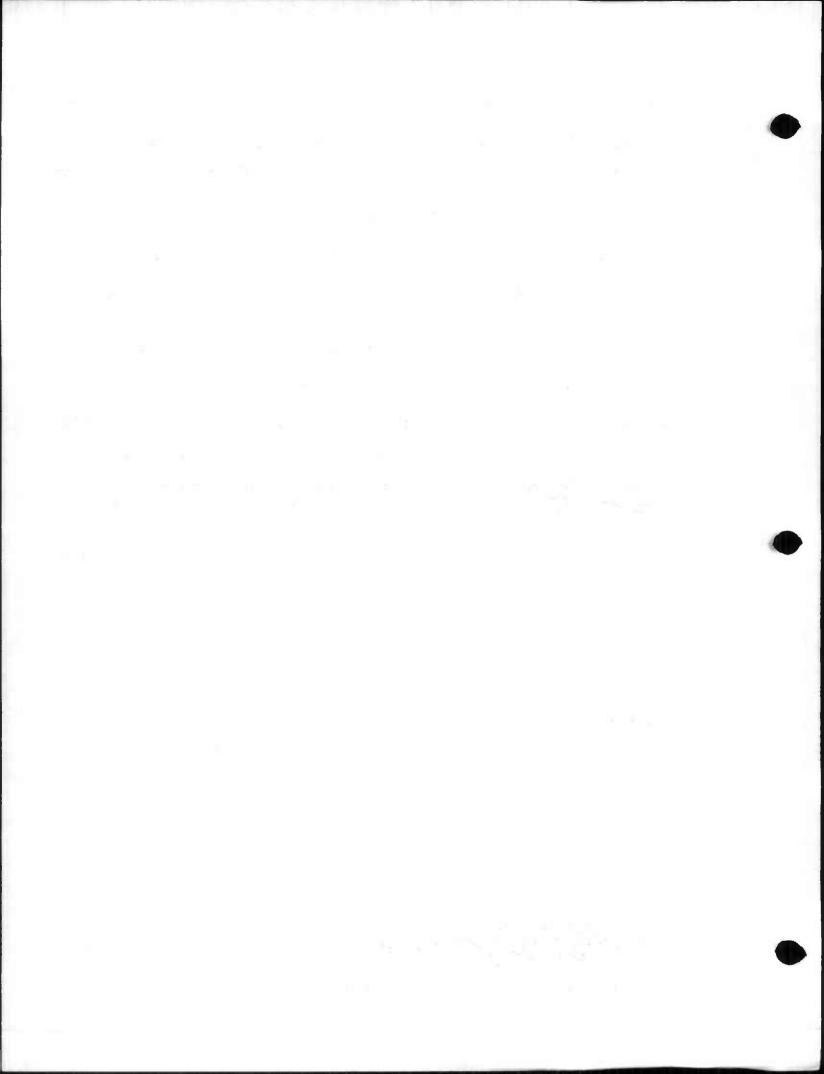
Physician /Medical Examiner

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours efter death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the buriel-transit

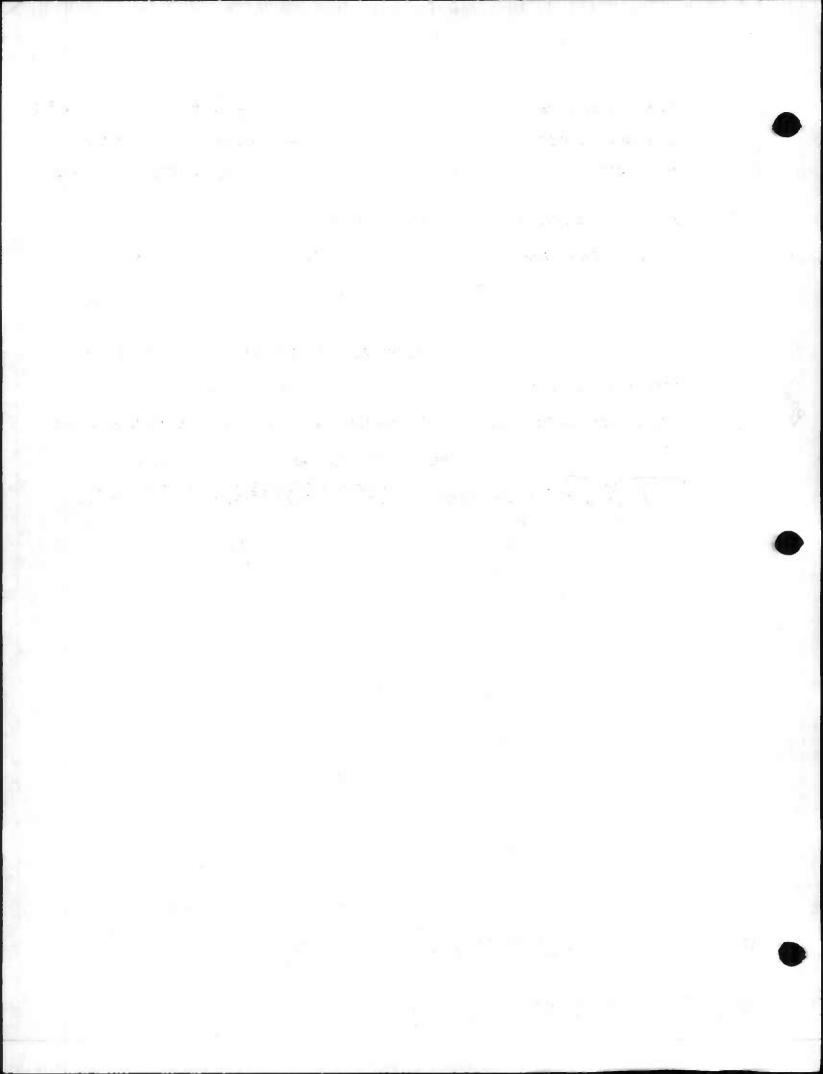
Division of Vital Records, P.O. Box 68760,

Baltimore, Maryland 21215-0020



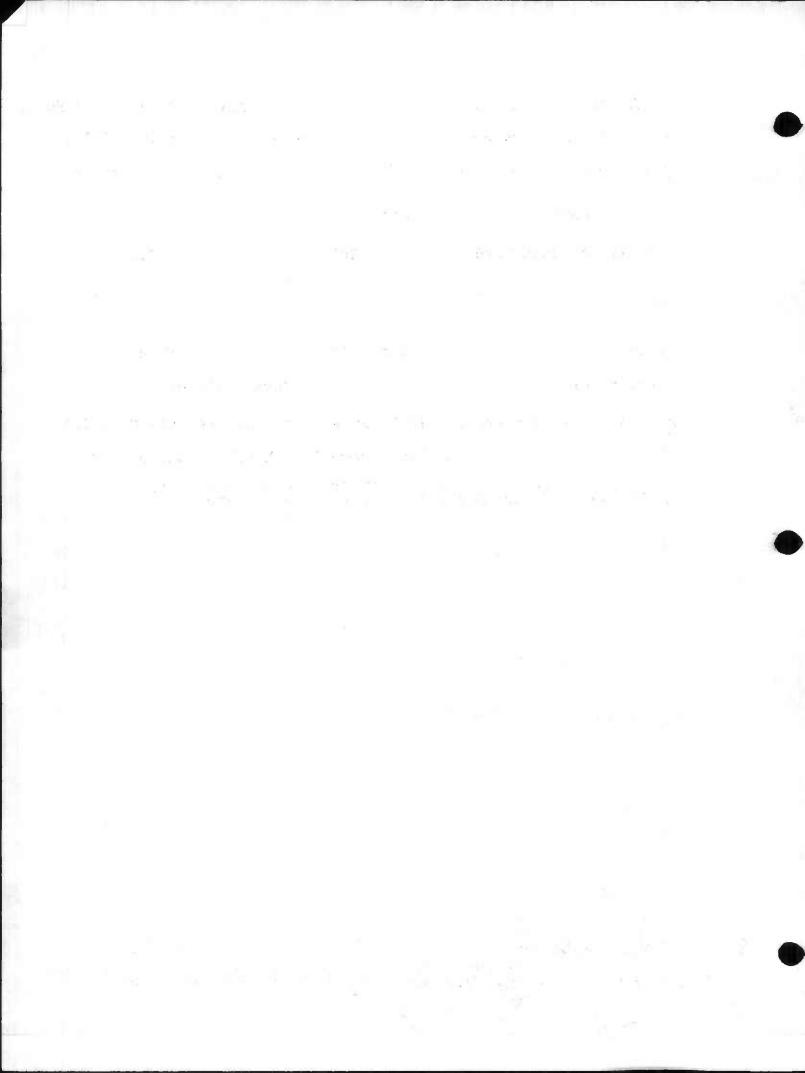
State of Maryland / Department of Health and Mental Hygiene 97

	C	ertificate o	t Death		Reg. No.		
ian	. Decedent's Neme (First, Middle, Last)			2. Dete of De Month	eth Dev	Yeer	3. Time of Deeth
ical	FLORENCE S. GORDON			JUNE	6, 1997		2:45PM
ner	e. Feclilty Neme (If not institution, give street end number)		4b. City, Town, or L	ocation of Deet	h 4c. County	y of Deeth	
	HOLY CROSS HOSPITAL		SILVER S	PRING	MO	NTGOM	ŒRY
	Social Security Number 6. Sex 7. Age (In yrs. lest birthda	y) if Under 1 Yes Months Dev		8. Date of Bir (Month, De APR • 6	th ev. Yaar)	9. Birthp	piece (State or Foreigntry)
1	194-14-0730		7.00.0	APR. 6	, 1925	000	PA.
		Location					
1							10d. Inside City Limit
octo		VER SPRIN	1G				1 ☐ Yes 2 💢 No
Director	0e. Street end Number	10f. Zip Code			10g. Citizen of	Whet Cou	ntry?
	10202 BRUNSWICK AVE.)902		US.			
Funeral	Marital Status 12. Wes Decedent Ever in U,S. Armed Forces?	 Was Decedent of If Yes, specify Cu 	f Hispenic Orlgin? (Sj uben, Mexicen, Puert	pecify Yes or No	14. Rec	ce - Americ	can Indien,
	1 Never Married 2 Married 1 Yes 2 No	1□ Yes 2 N			Specif	he	
d by	3 ☐ Widowed 4 ☐ Divorced Year or Detes:				Specif	. WH	HITE
Completed	15. Decedent's Education 16e. Dec (Specify only highest grade completed) (Gi	edent's Usuel Occ ve kind of work don	upation te during most of work red)	kina	16b. Kind of B	usiness/In	dustry
mpi	College (1-4or 5+)						
CO		SONNEL MN	GT. SPECI			BOR D	EPT.
Be	7. Fether's Neme (First, Middle, Last)		18. Mother's Nem		, Meiden Sumer	na)	
2	ALEXANDER SCHLESINGER		ROSE	ISAACS			
	9e. tnformant's Name/Raletionship (Type, Print) 19b. Me	illng Addrass (Stra	at end Number or Ru	rel Route Numb	er, City or Town	, Stete, Zip	Coda)
			SWICK AVE.	, SILVE	R SPRIN	G, MD	20902
	0a. Method of Disposition 1X Buriel 2 □ Cremetion 3 □ Removel from Steta 20b. Plece of Discemetery, co	position (Neme of remetory or other p	/ece)	Dete	20c. Location	- City or To	own, Stete
		MEMORIAL	GARD.	6/9	OLNEY	, MD	
	1. Signature of Funeral Service Licensee	ress of Fecility					
	DANIEL SIMONS	EDWARD	SAGEL FUN	ERAL DI	RECTION	, INC	20852
-	23a. Part 1. Enter no disease, or complications that caused the death. Do not e shock, or helm finance. List only one cause on each line.					, PID	Approximate
n/Medical Examiner	mmediate Ceusa (Finel liseese or condition esulting in deeth) Due to (or es a consider of the conditions, eny, leeding to immediate ause. Enter Underlying leuse (Diseass or trijury nat initieted avants esulting in deeth) Lest Due to (or es e consider of the conditions) Due to (or es e consider of the conditions) Due to (or es e consider of the conditions)	equence of):	hnown		9		
Physician	d	underlying cause g	given In Pert I.	23b. Dld	1	ntribute to	o the causs of death
Completed by				24e. Wes	en eutopsy rmed?	CO	ere sutopsy findings eilable prior to mpletion of cause deeth?
TO:				10	Yes No	15	☐Yes 2☐No
Bec	5. Was cese rafarred to medical		26. Place of Deal	th (Check only r	one)		
ToB	examiner? 1 Yes 2 No Hospital: Inpatient 2 ER/Outpeti	ent 3 DOA	ther		dance 6 DOth	er (Spenit	v)
	7. Manner of Deeth 28a. Data of Injury 28b. Time				how Injury occur		7/
Certification:	1		ork? ☐Yes 2☐No				
tific	3 Sulcide 4 Homicide 6 Could not be determined 28e. Piece of Injury - At home, farm, s	treet, factory, office	9			er or Rura	I Route Number,
Cer	4 Homicide building, atc. (Specify)			City or Tov	,, Sidle)		
edical	9a. Certifiar (Check only one) Certifying Physicien: To the best of my knowledge, dee examiner: On the basis of examinetion and/or in end menner stated.	th occurred et that nvestigation, in my	time, date end ptece, opinion, daath occur	end due to the red et tha time,	ceuse(s) and ma dete end plece,	anner es st and dua to	isted. the cause(s)
Σ	b. Signeture end title of certifier	29c. Licer	nse number		29d. Date signe	d (Month,	Dey, Year)
	Janua 47 70 1	14	3510		6/61	91	
1). Name and address of person who completed causa of daath (Item 23e) (Type				_ , , ,	-/	
	12		411.	1 -	1 -		
	Data filed (Month Day Year) 22 Pooleth & Signature	rgia Ave	#400 Si	luer Jon	ine mo	20910)
ite 'ar	Data filed (Month, Day, Year) 0 1997 32. Register's Signature	Mandalle.					
		4					



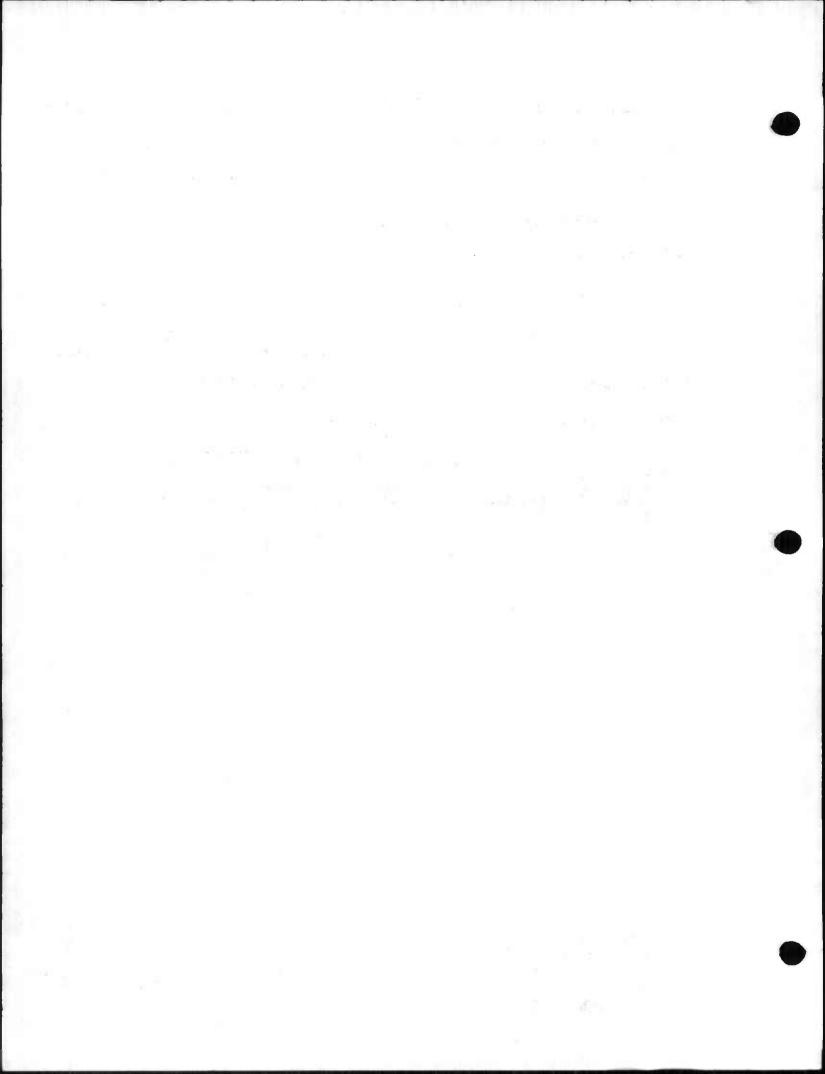
State of Maryland / Department of Health and Mental Hygiene 97

						Ce	rtificate	e of	Death			Reg. No.			
	Physic /Med		1. Decedant's Name (First, Middle Bertha		een						2. Date of Dec Month June		Year 1997		e of Death
7	Exami		4a. Facility Name (If not institution Laurel Regi							own, or Lo	cation of Death		y of Death		
	Funeral Director		5. Social Security Number 219-48-8407 Usual Residence of Decedent	6. Sex 1 □ M 21公 F	7. Age (In yrs. la 66	st birthday) Yrs.	If Undar Months	1 Yaar Days	If Under Hours	Min.	8. Date of Bird (Month, Da Jan . 14	y, Year)	9. Birthpl Count Ma	aca (Sta iny) ary l	and
	e Maryland	ctor	MD 10b. County Howai	cd	10c. City,	Town or La	urel						10		e City Limits Yes 2 ☑ No
	th with th	Funeral Director	10e. Street and Number 9387 Kings (Grant Ro	ad		10f. Zlp	Code	23			10g. Citizan of U.S		try?	
020	72 hours after death with the Maryland satural, or thems 23a or 28a-f show ited Examiner must be need as	þ	11. Marital Status 1 □ Never Married 2 □ Marri 3 ☑ Widowad 4 □ Divorcad	Armed Fo	2 No		Was Decedent Yes, special 1 Yas 2	ify Cub	an, Mexicar	n, Puarto	ecify Yas or No- Rican, etc.)	Bla	ce - America ck, Whita, a by: Bla	atc.	1,
21215-0020	c 0.8	Completed	15. Decedent (Specify only highes Elementary/Secondary (0-12) 1211	s Education t grade completed)	-4or 5+)	(Give	dent's Usual kind of work DO NOT use	k done e retire	ation during mos d)	at of worki	ing	16b. Kind of B		ustry	
Maryland 2	s 1 end 2 should be filed within f Health end Mental Hygiene. Item 27 is marked other than other traumatic event, the M	To Be Co	17. Father's Nama (First, Middle, L William Hall	. ,							(First, Middle, h Gait	Maidan Sumai			
Man	2 sho end 1 Is me		19a. informant's Name/Relationsh								al Route Numbe				
-	00-			3 □Removal from	20b. Pla	ce of Dispo	sition (Nam	e of her pla	ce)		Date	20c. Location	- City or Tox	wn, State	
Baltimore ,	permit. Peg Department Important: It any injury o		1 M Buriai 2 Cremation 3 Demoval from State cametery, crematory or other place)							P.A.	= T , M	עו			
7	Physician /Medical Examiner	Examiner	23a. Part1. Enter tha case, or a shock, or heart frame. List of the case (Final disease or condition resulting in death)	a. b. b.	Due to (or	hul as a consec	ar the mode unn quence of): The	ىد	y 1	ASU ELI	Approximate interval Between Conset and De C				
ox 68760,	certificate be executed anding physicien end use es the buriel-transit	/Medical	Sequentially list conditions, if any, leading to immediate ceuse. Entar Underlying Cause (Disease or injury that initiated evants resulting in death) Last	c. Cos	Due to (or a	as a consequence as a c	tes	0	ytee	(3	ys.
P.O. Bo	death e atte	Physician	Part ii. Other significant condition	,	ath but not rasult		nderlying ca	use giv	an in Part i			obacco use co		-1/10	se of death?
of Vital Records,	aw requires se been signi 2 should be	Completed by									24a. Was a perfor		ava	re autopo ilabla pri aplation d eath?	sy findings or to of cause
R	The ate h	Соп									1 U Y	es 2 No	10	Yas 2	2□ No
Vita	ysician: The s certificate director, pag	Be	25. Was case referred to medical axaminer?	Hospital:				011		of Death	(Check only or	ne)			
	ing Phys After this uneral di	ation: To	1 Yes 2 No 27. Manner of Death 1 Natural 5 Pending 2 Accident invastigs	28a. Date of		R/Outpatien 8b. Time of Injury		c. Injur	4 LI NU	2	ne 5 Resid)	
Division	2 th 2	Certification:	3 Sulcide 6 Could not determine	ed 286. Place	of injury - At homing, etc. (Specify)	e, farm, str	eat, factory,	office		2	28f. Location (S City or Tow	treet and Numi n, State)	per or Rural	Route N	umber,
	To the Hospital or within 24 hours efter 17 to the Funeral Dir completely filled in	Medical	one) 2 Medical E	Physician: To the la kaminar: On the ba and mann	sis of examination	edge, death n and/or inv	estigation, i	n my o	pinion, deal	d placa, a th occurre	ed at the time, o	lata and placa,	and dua to	the caus	
	5 × 5 × 5 × 5 × 5 × 5 × 5 × 5 × 5 × 5 ×		29b. Signatum and titla of certifier	Solle			29c.	-	a numbar	7	2	9d. Date signe	197		
			JASLY NDERS	ho complated cause	7525	lyce	Print)	(inter	2	Grand	elt of	d 2	ひつ	78
	Sta Registr		31. Data filed (Month, Day)	1 0 1997	gistrar s Signatur	avidson	-Monda	2			,				



State of Maryland / Department of Health and Mental Hygiene 0.7

		Decedant's Nama (First, Middla, Last)				T.	2. Data of De	Reg. No.		3. Tima of Death
Physic		Reuben K. Greenspon					Month June	Day	Yaar 997	3:00am
/Med Exami		4a. Facility Nama (If not institution, giva street and numbar)			4b. City, To	own, or Loc	ation of Deat			J. Odani
Funeral	1	083-07-0295 ¹XXM 2□ F	sington ga (In yrs. last birthda 80 Yrs.	Months Da		24 Hrs. Min.	8. Data of Bir (Month, Da		gomer 9. Birthp Coun Eng	Sy placa <i>(State or Fore</i> stry) gland
and w.		Usuat Rasidanca of Dacadant 10a. Stata 10b. County	10c. City, Town or	Location					1	Od. Insida City Lim
Many First	to	Maryland Montgomery	Kensing	eton					1 XYas 2	
or 28	Director	10e. Street and Number		10f. Zip Cod	la			10g. Citizan of	Citizan of What Country?	
23a		3000 McComas Avenue		209	902			U.S.A	. •	
n 72 hours after death with the Manyland *natural; or items 23a or 28s-f show odical Evanings must be notified at	by Funeral	11. Maritat Status 1 Navar Married 2 Marriad 3 Widowad 4 Divorcad 12. Was Decedant Armed Forcas? 1 X Yas 2 if Yas, Giva Yaar or Datas:	No	3. Was Dacedant If Yas, specify C			cify Yas or No lican, atc.)	5- 14. Rai Bla Specii	ce - Amaric ck, Whita, by: Wh	
within 72 ene. than *nat	Completed	15. Dacedant's Education (Spacify only highast grada complated) Elamantary/Secondary (0-12) Collega (1-4ors)	3+)	cedant's Usual Oc va kind of work do i. DO NOT usa ra			g	16b. Kind of B		
Hygi ther ant,	Be Co	17. Fathar's Nama (First, Middla, Last)	********	Maintenance Supervisor				, Maidan Sumai	na)	Delicore
0 2 2 0	ToB	Wolf Greenspon			Fann	ie Go	ldberg	3		
d 2 should th end Mer 7 is marke traumatic		19a. Informant's Name/Ralationship (Typa, Print)	pa, Print) 19b. Mailing Addrass (Straat and Number o				Routa Numb	er, City or Town	, Stata, Zip	Code)
fealth m 27 her tr		Walter Greenspon/Son				. 01n	-			
Pages net of the	1	Bunal 2 Cramation 3 Ramoval from Stata	cematary, c	ramatory or othar	placa)	i				
mit. 78 partmer portant: y injury cs.									le, M	ID
Dep		Political States Goolisto								
		20a. Mathod of Disposition Burial 2 Cramation 3 Ramoval from Stata Donation 5 Other (Specify) Menorah Gardens Cemetery 6/11/97 Rockvill 21. Element of Funaral Service Icens 22. Nama and Addrass of Facility Ives-Pearson Funeral Homes 472 N. Washington St. Falls Church School of heart failure. List only one cause on each tine. Immediate Cause (Final disease or condition rasulting in death) Durto (or as a consequence of): Durto (or as a consequence of):						ch, V	Approximata Intarval Batween Onsat and Death	
Physician /Medical Examiner peprinel-trensit	Examiner	Immediata Causa (Final disaasa or condition rasulting in death) Sequentially list conditions, if any, teading to immediate causa. Enter Underlying Causa (Disaasa or injury that initiated avants		equance of:	dying, such as	ton S cardiac or	raspiratory a	rrest,	ch, V	Approximata Intarval Batween
/Medical Examiner	Examiner	Immediata Causa (Final disassa or condition rasulting in daath) Sequentially list conditions, if any, taading to immediata causa. Entar Undarlying Causa (Disassa or injury that initiated avants rasulting in daath) Last	Due to (or as a cons	equance of:	dying, such as	ton S cardiac or	raspiratory a	rrest,	rch, V	Approximata Intarval Batween Onsat and Death
/Medical Examiner	Examiner	Immediata Causa (Final disaasa or condition rasulting in death) Sequentially list conditions, if any, teading to immediate causa. Enter Underlying Causa (Disaasa or injury that initiated avants	Due to (or as a cons	equance of:	dying, such as	ton S cardiac or	raspiratory a	rrest,	ch, V	Approximata Intarval Batween Onsat and Death
/Medical Examiner	Physician/Medical Examiner	Immediata Causa (Final disassa or condition rasulting in daath) Sequentially list conditions, if any, taading to immediata causa. Entar Undarlying Causa (Disassa or injury that initiated avants rasulting in daath) Last	Due to (or as a cons	equance of):	yorar Josa Sis	ton S cardiac or	raspiratory a	loning		Approximata Intarval Batween Onsat and Death well be well be a second of the cause of death of the cause of de
Veduries that the death certificete be executed Was been signed by the ettending physicien and should be deteched for use es the buriel-trensit	by Physician/Medical Examiner	Immediata Causa (Final disaasa or condition rasulting in daath) Sequentially list conditions, if any, taading to immediata causa. Enter Undarfying Causa (Disaasa or injury that initiated avants rasulting in daath) Last	Due to (or as a cons	equance of):	yorar Josa Sis	ton S cardiac or	23b. Did	loning	ontribute to 3 □ Prob	Approximata Interval Batween Onsat and Death well to the cause of death or the cause of death well to the cause of death or the cause of death well to the cause of death or the cause of death or the cause of death well to the cause of death or the cause of death o
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Security the taw requires that the obstituted be executed as a certificate has been signed by the ettending physician and director, page 2 should be detected for use as the buriel-trensit	Be Completed by Physician/Medical Examiner	Immediate Causa (Final disaasa or condition rasulting in death) Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disaasa or Injury that initiated avants rasulting in death) Last Part II. Other significant conditions contributing to death by Last 25. Was casa rafarrad to medicat axaminar?	Due to (or as a consi	equance of): equance of): equance of): undartying causa	givan in Part I	ton S cardiac or	23b. Did 1 □ 24a. Was perfo	tobacco use co Yes 2 No an autopsy yas 2 No	nntribute to 3 Prot 24b. Wa ave cor of t	Approximata Interval Batween Onsat and Death well to the cause of death and babby work of the cause of death?
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s certificate hes been signed by the ettending physician and director, page 2 should be deteched for use as the buriel-trensit	Certification: To Be Completed by Physician/Medical Examiner	Immediate Cause (Final disease or condition rasulting in death) Sequentially list conditions, if any, teading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated avents rasulting in death) Last Part II. Other eignificant conditions contributing to death by the conditions conditions conditions condi	Due to (or as a consideration of the consideration	equance of): equance of): equance of): equance of): undartying causa ent 3 DOA of 28c. Ir M 1 streat, factory, office	givan in Part I	cardiac or scardiac or scardia	23b. Did 1 1 24a. Was perfo	tobacco use co Yes 2 No an autopsy rmed? Yas 2 No ona) danca 6 Oth how Injury occur Straet and Number Num, Stata)	ar (Specify red	Approximata Intarval Batween Onsat and Death well. The cause of death and beably working and autopsy finding aliabla prior to implation of causa death? Yas 2 No
yatolan: The law requires that the death certificate be executed Example 2 scentificate has been signed by the ettending physician and director, page 2 should be detected for use as the buriel-trensit as a	edical Certification: To Be Completed by Physician/Medical Examiner	Immediate Cause (Final disease or condition rasulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated avants rasulting in death) Last C	Due to (or as a consider to co	equance of): equance of): equance of): undarfying causa of 28c. Ir M 1 streat, factory, office	givan in Part i	cardiac or scardiac or scardia	23b. Did 1	tobacco use co Yes 2 No an autopsy med? Yas 2 No ona) danca 6 Oth how Injury occur Streat and Numb	24b. We ave cor of a large state of the core of the c	Approximata Interval Batween Onsat and Death Onsat and Death Welks The cause of death of the cause of death of the cause of death of cause death? The cause of death of cause death? The cause of death of cause death?
Ine law requires that the death certificate be executed Way are the bean signed by the ettending physicien and page 2 should be deteched for use as the buriel-trensit and	Certification: To Be Completed by Physician/Medical Examiner	Immediata Causa (Final disassa or condition rasulting in death) Sequentially list conditions, if any, teading to immediate causa. Enter Underlying Causa (Disassa or Injury that initiated avants rasulting in death) Last C	Due to (or as a constitute of my knowledge, dae axamination and/or ited.	equanca of): equanca of): equanca of): equanca of): undartying causa ent 3 DOA of 28c. Ir M 1 streat, factory, official ath occurred at the invastigation, in m 29c. Lice	givan in Part I	cardiac or scardiac or scardia	23b. Did 1	tobacco use co Yes 2 No an autopsy med? Yas 2 No ona) danca 6 Oth how Injury occur Straat and Numb wn, Stata) causa(s) and m data and placa, 29d. Data signe	annar as st and dua to d (Month, L	Approximata Interval Batween Onsat and Death Onsat and Death Interval Batween Onsat Interval Batw



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMEN CERTIFICAT	IT OF HEALTH AND E OF DEATH	MENTAL HYGIE								
	1. DECEDENT'S NAME (First, Middle, Last)	E. Gantin	Y		2. DATE OF DEATH		3. TIME OF DEATH						
	4. SOCIAL SECURITY NUMBER 220 -18-83 40 9a. FACILITY NAME (If not institution, give str	5. SEX 6. AGE (In yrs. I	YRS. MONTHS		(Month, Day, Year) 10-29-	1924	BIRTHPLACE (State or Foreign Country) Pa -						
DIRECTOR	CAMOLE CO. GE RESIDENCE OF DECEDENT	es. HOSP.	9b. C11	Y, TOWN OR LOCATION OF	4	9c. COUNTY	OF DEATH						
	10a, STATE 10b, COUNTY Md CA 10a, STREET AND NUMBER	NAOLL	10c. CITY, TOWN	STMINSTER	e		10d. INSIDE CITY LIMITS? 1 YES 2 NO						
FUNERAL	233 KIRHOF			2/158		u	OF WHAT COUNTRY?						
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 VES 2 IF YES, GIVE WAR OR DATES	NO 13	ED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- If yea, specify Cuban, Maxican, Puarto Rican, stc.) 1 YES 2 IN NO Specify: Specify:									
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) A Home for a first substance of working life. Do NOT use retired.) Home for a first substance of working life. Do NOT use retired.) Home for a first substance of working life. Do NOT use retired.)												
BE COMI	17. FATHER'S NAME (First, Middle, Last) LLEWELLYN	Joseph			NAME (First, Middle, Maide	Surname)							
TO B	10a. INFORMANT'S NAME (Type/Print) HOLLY 6- 6-1 BB	1		S (Street and Number or Rura			. 111						
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremellon 3 Removal from State 4 Donetton 5 Other (Specify) Other (Specify) DATE 20c. LOCATION City or Town, State Camelery, cramelogy or other place) CK HAMPSTAD; MA												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY PRITE F-4, 413 WAS4 Fel Westmist 23. PART I. Enter Ma diseases, or complications that caused the death. Do not enter the mode of dislay and was4.												
	23. PART I. Enter the lineages, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or reapiratory arrest, about a heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition Approximata interval Between Onset end Death												
r													
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	EQUENCE OF):										
CERTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (DR AS A CONSE	EQUENCE OF):										
7	PART II. Other algnificant conditions	contributing to deeth but not	reaulting in the u	nderlying cause given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE						
PHYSICIAN: MEDICA					1 TYES	2 PNO	OF DEATH?						
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	HOSPITAL:	OTHE	26. PLACE OF DEATH (CR:									
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	26d. DESCRIBE HOW	INJURY OCCURE	ED						
8	3 Suicide 6 Could not be detarmined	and Number or R	ural Route Number,										
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(a) and menner as stated,												
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 10. Lb J. Man, M.D. 10. NAME AND ADDRESS OF DEPOSITION ADDRESS OF DEPOSITION AND ADDRESS OF DEPOSITION ADDRESS OF DEPOSI												

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 6/7/97 Reinferstown, Md 2113 6

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Robert C. Moss IIY Business Century

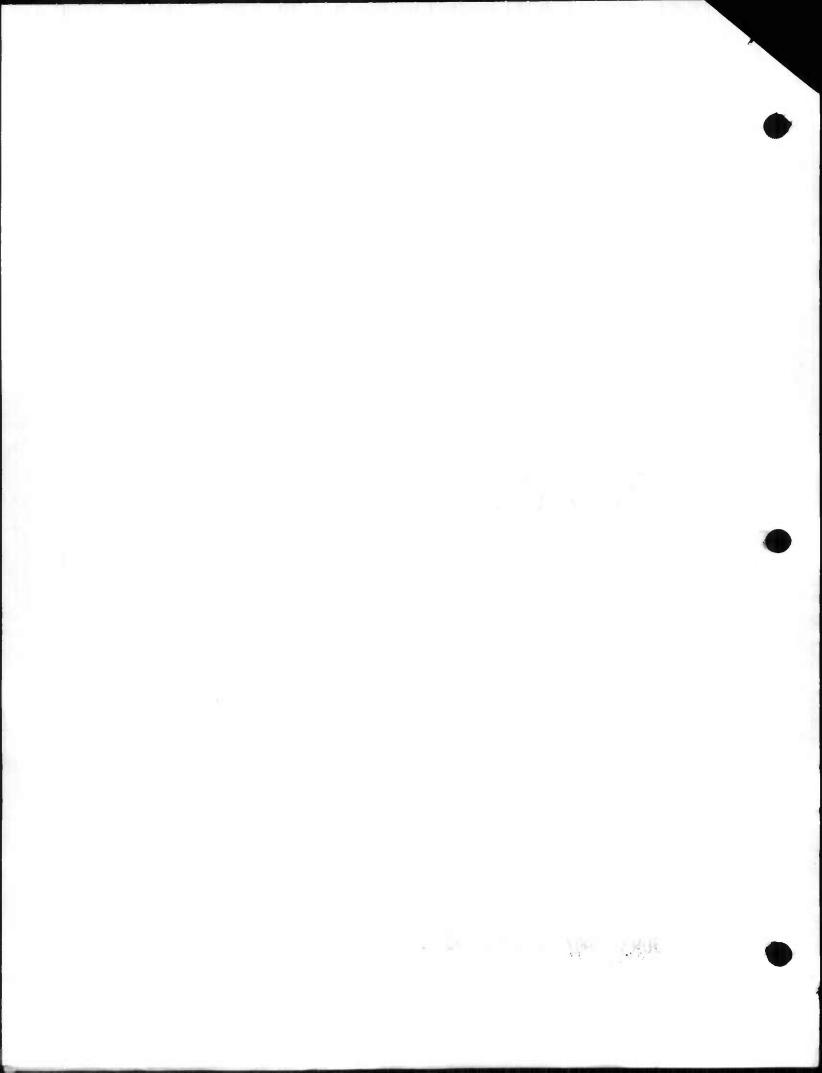
32. REGISTRAR'S SIGNATURE
Alla Dawales Rawlall

31. DATE FILED (Month, Day, Year)

JUN 0 9 1997

354-A MOSS, ROBERT L 10/29/1924 F 06/06/97 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF I	HEALTH AND	MENTAL HYGIEI REG. NO		
	1. OECEOENT'S NAME (First, Middle, Last) HENRIET	Jeaning	ILK	ERSC	N	2. DATE OF DEATH	DAY 7 P	year 032L
	717 40 7004	1 🗆 M 2 💢 F	(In yrs. lest birthday)	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) June 12,	1935	BIRTHPLACE (State or Fore Country) Mary land
ECTOR	9a. FACILITY NAME (If not institution, give stre Carroll County Ge		tal		or Location of o	EATH		Y OF GEATH
DIREC	10a. STATE 10b. COUNTY	mma I I	10c. CI	TY, TOWN OR LOCA				10d. INSIDE CITY LIMITS?
ERAL (Maryland Ca 106. STREET AND NUMBER 7309 2nd Avenue	rroll			esville d. ZIP CODE 21784		10g. CITIZE	1 YES 2 X N
BY FUN		12. WAS DECEDENT EVER IF FORCES? 1 1 YES IF YES, GIVE WAR OR O	N U.S. ARMEO 2 NO ATES	If yes, sp	CENDENT OF HISPAI	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	s or No— 1	USA 4. RACE — American Indian Black, White, etc. Specify: Will it to
COMPLETED	15. OECEOENT'S EOUCA (Specify only highest grade of Elementary/Secondary (0-12)	Ompleted) College (1-4 or 5 +)	(Give kind of life. Do NOT u		ON ost of working	16b. KINO OF BU	etail	
BE CO	17. FATHER'S NAME (First, Middle, Lest) Ronald Ralph Sch	roder		Cashier 18. MOTHER'S NAME (First, M Mary Eliza				
10	19a. INFORMANT'S NAME (Type/Print) Fred P. Vercelli		19b. MAILING 4414	Chesapea	ake St.,	Route Number, City or Tow NW Washi	ngton,	DC 20016
	20a METHOO OF OISPOSITION VASurial 2 Cremeiton 3 Ramov 4 Donetton 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE U	M	PLACE ANODATE netery, crematory or of T. View	OF DISPOSITION (Ne ther place) Cemetery 22. NAME AI	, 6	12-97 Sieral Home	Sharps 425 S	burg, Maryl Conococ ort, MD 217
CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events reaulting in death) LAST		CONSEQUENCE OF	n: SEI	5 Ho PS 13	OCK.		311
MEDICAL	PART II. Other significent conditions HOSCHIZ I-10 PULM	CONTRIBUTION TO GOOD TO SERVICE OF THE REPORT OF THE REPOR	ut not recuiting	in the underlying	g cause given in	Part I. 24a. WAS AN PERSON	RMEO?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAL OF GEATH? 1 YES 2 NO
PHYSICIAN:		10SFITAL:	etient 3 DOA	OTHER:	ACE OF OEATH (Che			
ВУ РН	27. MANNER OF GEATH 1 Netural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIM INJ	E OF 28c. INJ		28d. OESCRIBE HOW I	NJURY OCCUP	REO
ETED 8	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)							
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER:	W: To the best of my knowl On the basis of examination	edga, desth occurre	nd at the time, date	and place, and due	to the cause(a) and mar	nner as stated.	suse(a) and manner as stat
) BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Sy	200)	0.0	29c. LICENSE NUM D 2 5 C			IGNEO (Month Day, Year)
	Hafeez A. Syed M.	D. 412 Mal	colm Dr.		00 Westm	inster, MD	2115	57
	31. DATE JUN 1 00 1997	THE STREET SIGN	Yange 1			h		



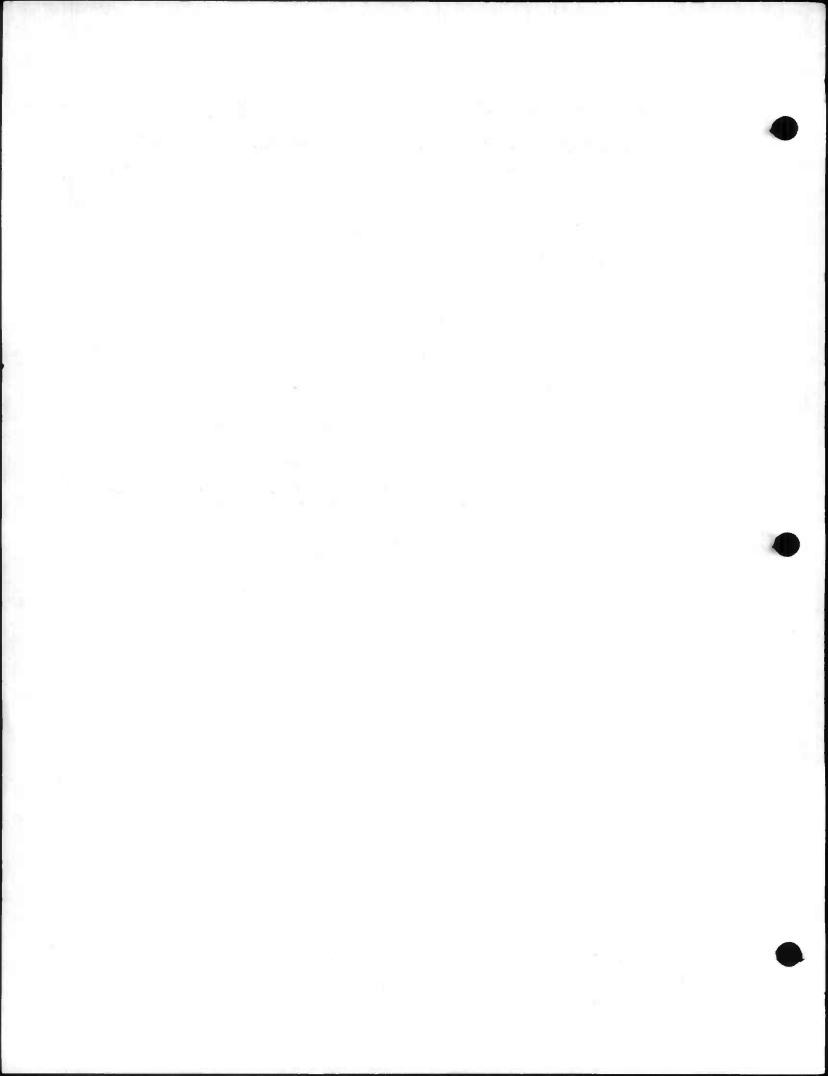
State of Maryland / Department of Health and Mental Hygiene 9 7

							Certii	icate	OI I	Deam			Reg. N	lo.		
	Physic /Medi		Laura N. Marc							D	ay 199	Yeer 7	3. Time of Deeth 4:45 PM			
	Exami		4e. Facility Neme (If not institution	on, <i>giv</i> e street end	number)				4	4b. City, To	wn, or L	ocation of Dee			y of Death	1
		п	Carriage Hill	-Bethesd	а					Beth	esda	a		Mon	tgome	ery
П	Funeral		5. Social Security Number	6. Sex 1 ☐ M 2 🖾 I		'In yrs. last birti		f Under 1 \	eer ays	If Under Hours	24 Hrs. Min.	8. Dete of B	irth	r)	9. Birth	nplace (State or Foreign
	Director		579-62-6279 Usuat Rasidenca of Decedent		87 Y	rs.	TOTAL D	- uy 3	110013		Dec. 4	, 19	909		Mexico	
	ylan		10a. State 10b. Count	у	1	0c. City, Town	or Locati	ion								10d. Inside City Limits
	Marined and Marined	to	Maryland Mon	tgomery		Betl	hesda	a								1 ☐ Yes 2 ☑ No
	th th	<u>=</u>	10e. Street and Number					10f. Zip Co	de				10g. C	itizen of	What Co	untry?
	23a	Funeral Director	7505 Democracy	Blvd. #	A338			20	81	7			J	Jnite	ed St	ates
	r dea	ine.	11. Maritel Status	12. Was D	ecedent Eve Forces?	er in U,S.	13. Was	Deceden	of H	lispanic Ori	gin? (Sp	ecify Yes or N Rican, etc.)	10-		ce - Amer	ican Indian,
Maryland 21215-0020	filed within 72 hours effer death with the Maryland Hygiene. ther than "natural", or items 23s or 28s-f show int, the Medical Exeminer must be notilised at	b	1 Never Married 2 Ma 3 Widowed 4 Divorce	rried 1 Yes,	s 2 X No			Yes 23				1110011, 010.7		Speci	60	nite
5-0	72 ho	ted	15. Decade (Specify only highe	nt's Education	ad)	16a. l	Decedent	's Usual C	ccup	ation during mos	t of work	in a	16b.	Kind of E	Busineas/I	ndustry
21	e e e	Completed	Elemantary/Secondary (0-12)	1	e (1-4or 5+)		lifa. DO	NOT use r	atirec	d)	t of work	ng				
7	w bed w	Con	12			Н	omem	aker						Own	Home	
n	2 should be filed withing and Mental Hygiene. Is marked other than aumatic event, I'm M	Be	17. Father's Nama (First, Middle									e (First, Middl			me)	
7	Mer Mer	2	George Richard							Lamo	ra M	lay Ban	kard	i		
Mai	12 st and ts m	1	19a. Informant'a Name/Ratation									al Route Num				ip Code)
	1 end 2 Health am 27 i		Barry L. Hale/	Son				***			-	338, B				20817
Baltimore,	8 5 5		1 ☑ Buriel 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (3			Cedar	r, cremato	ory or othe	plac	June ry	10	Dete 1997				fown, State faryland
Balt	pemit. Pege Depertment Important: If any Injury or once.		21. Signature of Funeral Service			100100	22. No Rob 75	ame and A ert A 57 Wi	ddre	ss of Facilit Pumph onsin	rey Ave	Funera	1 Hc		Bethe Cha	sda-Chevy ise, Inc.
			23a. Part1. Enter un disease, o shock, or heart faiture. Lis	r complications the	at caused the	100198	Be nt enter th	theso	a,	Mary	land	2081	4-35	501	-	Approximate
	Physician /Medical Examiner		Immediata Cause (Final disease or condition rasulting in death)		n each line. neumon											Intervel Between Onset and Death
		10	Table 17	CL		e to (or as a co									1	
	bed nsit	듵		b	ronic	Aspira	itior	1								l year
	certificate be executed and one of the bunal-trensit	Examiner	Sequentially tist conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants			a to (or as a co	onsequan	ice of):								
ox 68760,	siclar bun	ie	Cause. Enter Underlying Cause (Disease or Injury that initiated events	c. Pa	rkins										į.	5 years
89	ficate p phy s the	pa	resulting in death) Last		Du	e to (or as a co	nsequen	ca of):							1	
X	nding	Z		d												
m	s ette d for	Physician/Medical	Part II. Other significant conditi	and contributing to	dooth but a	ot reculting in	the under		a	on In Deat I		an Di-	tashasa			
0	that the de led by the e deteched i	hys	rait ii. Other arginicani conditi	one continuiting to	o dealin but n	iot resulting in	tria unde	nying caus	e giv	an in Pen i						to the cause of death?
٥,	se the	by P										10	1 105	2 L NO	3 PR	ODEDIY 4 OHKHOW
Records,	bluor bluor	Completed b										24a. Wa	s an auto formed?	opsy	9	Vere autopsy findings vailable prior to ompletion of cause
Re	The law rate hes by page 2 st	E C														death?
<u>m</u>	ician: The certificate rector, pag		25. Was case rafarred to medica	at I	-					00.51				2 ₩ No	1	☐ Yas 2⊠ No
of Vital		o Be	examinar? 1 ☐ Yes 2 ☑ No	Hospital:	☐ tnpatient	2 ☐ ER/Out	nationt 1	3□ DOA	Oth	or		n (Check only		a 🗆 🗆	(0	w.a.
0	Physer this	n: T	27. Manner of Death		ita of Injury onth, Day Y		me of	28c.		4 L25 INU		me 5 ☐ Res 28d. Describe				ny)
0	Attanding F r death. ctor: After by the funer	atio	1 Natural 5 ☐ Pendi 2 ☐ Accident invest	ng (M Igation	onth, Day Y	ear) Inj	jury	м		k? Yes 2∐l	No					
Division	7 # # C	Certification:	3 ☐ Suicide 6 ☐ Could 4 ☐ Homicida datam	nined 200. Piz	aca of Injury ilding, atc. (- At homa, farr Specify)	m, streat,	factory, of	fica			28f. Location City or To	(Street a	nd Num te)	ber or Rui	ral Routa Number,
	To the Hospital or within 24 hours effer To the Funeral Different Population of the Funeral Different Population	edicai C	29a. Certifiar (Check only one) 1 C Certifyii 2 Medical	ng Physician: To t Examiner: On the	the best of me basis of ax annar stated	amination and	death oci	curred at thigation, In	ne tim	ne, data an plnion, daa	d place, a	and due to the	cause(s	s) and m	annar as end dua	stated. to tha causa(s)
	of the	₩ W	29b. Signature and tale of certific	-				29c. License number 29d. Date signer			ed (Month	Dev. Year)				
	F 5 F &		W-171	11-0	# La					610					9, 19	
	-		20 Namo autabl	uho ocmalii	m		une Et		-	010			30	me :	, 19	77/
			Thomas J. McNa	mara, M.]						D ~ +1-	054	16.	1 .		20	
			a se fill a	mara, M.	v. 36	02 Shi	erqs	priv	е,	betn	esda	, Mary	Land	2(0817	

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death ace **Physician** -Month JU09 /Medicai 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner MONTGOMERY ROCKVILLE SHADY GROVE ADVENTIST HOSPITAL 8. Date of Birth (Month, Day, Year) Feb. 12, 19 If Under 1 Year If Under 24 Hrs. 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funerai** 1□ M 2XF Months Days Hours 34 Yrs 218-84-5685 Director 1963 South Carolina Usual Residence of Decedent Pages 1 and 2 should be filed within 72 hours effer death with the Maryland nent of Health and Mental Hygiene.
int: If Item 27 is marked other than "natural", or items 23e or 28e-f show 10a State 10c. City, Town or Location 10b. County 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f shor traumetic event, the Modical Examinar must be not ned at 1 ☐ Yes 2 No Directo Montgomery MD Damascus 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 40 Valley Park Court USA 20872 Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indien, Black, White, etc. 1 ☐ Yes 2 XNo If Yes, Give Year or Dates: 1 Never Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 🗓 No Specify: White by 3 ☐ Widowed 4 ☐ Divorced Completed Decedant's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) College (1-4or 5+) Claims Analyst Insurance Company 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Be Charles LeRoy Knicley Mary Carolyn Koerber 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2 Department of Health a Important: If Item 27 Is any injury or other tra once. Michael G. Halper 40 Valley Park Court, Damascus, MD 20872 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 XBuriai 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Gate of Heaven Cemetery 6/10/97 Silver Spring, MD 22. Name and Address of Facility Francis J. Collins Funeral Home, Inc. 500 University Blvd. West 21. Signatura of Funeral Service Licensee Home, Inc. Silver Spring, MD 20901 23a. Pert1. Enter the disease, or complications that daused the death. Do not anter the mode of dylng, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Intervel Between Onset end Death **Physician** /Medical Immediate Causa (Final disease or condition resulting in death) Examiner Due to (or as e consequence of) Examiner The law requires that the death certificate be executed physician end s the burial-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760 Physician/Medical Due to (or as a consequence of) d for use as t signed by the elid be detached for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Š 24b. Were autopsy findings available prior to completion of cause of deeth? certificate has been si irector, page 2 should t Completed 24a. Was an autopsy performed? 2 X No 1 ☐ Yes 2 No To the Hospital or Attending Physician: director, Be 25. Was casa rafarred to medical 26. Piece of Deeth (Check only one) examiner 1 ☐ Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 12 Inpatient 0 2 ER/Outpatient 3 DOA this 28a. Date of Injury (Month, Day Year) 27. Manner of Daath Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? After Natural 5 Pending Investigation s efter death. 1 Yes 2 No 2 Accident 6 Could not be datermined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide within 24 hours e To the Funeral D completely filled Certifying Physician: To the best of my knowledga, death occurred at tha tima, data and place, and due to tha cause(s) and mannar as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. edical 29a. Cartifier 29b. Signatura and title of certifier 29c. License number 29d. Data signed (Month, Day, Year) 12 30. Nama and addrass of person who complated cause of death (Itam 23a) (Type, Print) Prina Philip Or Okey, mo 31. Date filed (Month, Day,) State Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First Middle Last) 2. Dete of Deeth **Physician** Month Vaer Kelli N. Heard June 6, 1997 2:47 a /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** Shady Grove Adventist Hospital Rockville MONTGOMERY 5. Sociel Security Number If Undar 1 Year | if Undar 24 Hrs. 8. Dete of Birth (Month, Dey, Year) May 6, 1970 6. Sex 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign Country) **Funeral** Days 1□M 2XF Months Hours 290-70-8871 27 Director Maryland Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examinar must be notified at Director 1 ☐ Yes 2 X No MD Montgomery Gaithersburg 10e. Street end Numbar 10f. Zip Coda 10g. Citizen of Whet Country? 1007 Travis Lane 20879 U.S.A. Funeral 12. Was Decedent Evar in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Rece - American Indian, Bleck, White, atc. 1 ☐ Yes 2 No If Yes, Give Yeer or Detes: 1 □ Never Married 2 □ Married 1 Yes 2 No Specify: by Specify: Black 3 ☐ Widowed ♣ Divorced Completed 15. Decedent's Education (Spacify only highest grada completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12th Housewife None 17. Fether's Neme (First, Middle, Last) 18. Mother's Nama (First, Middla, Malden Surnama) Norwell J. Freeland Ann J. Bridges 19e. informent's Neme/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Traci L. Wilson (Sister) 400 W. Deer Park, Gaithersburg, MD 20877 other 1 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete Dete permit. Peges Depertment of Important: If it any Injury or c 1 XBuriai 2 ☐ Cremetion 3 ☐ Removal from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Lincoln Park Cem. 6/12/ Rockville, MD 21. Signature of Funerel Service Licenses 22. Neme end Address of Fecility SNOWDEN FUNERAL HOME, ROCKVILLE, MD 20850 23a. Pert1. Enter the classes, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata interval Between Onset end Deeth **Physician** /Medical Immediate Cause (Fine) REFRACTORY LEUKEMIA ACUTE 2 YEARS diseese or condition resulting in death) Examiner Examiner physician and the buriel-transit Sequentielly list conditions, if eny, leeding to immediate ceusa. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last Due to (or as a consequence of) Physician/Medical Dua to (or as a consequence of): 98 950 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. deteched 23b. Did tobacco use contributa to the cause of death? signed by t d be detech 1 Yes 2 No 3 Probably 4 Unknown SEPSIS p 24b. Were autopsy findings eveileble prior to completion of ceuse of death? 24e. Wes en eutopsy performed? Completed 2 DNO 1 Tyes 2 No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certification place of the funeral director, and the funeral director, to the funeral director, the funeral director director director director, the funeral director dir 25. Wes cese referred to medicei exeminer? Be 26. Plece of Deeth (Check only one) Hospitel: 1 ☐ Impatiant 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 10 No 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Neturei 5 Pending 1 Tyes 2 No investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Piece of injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) 29b. Signeture and title of certifier 29d. Date signed (Month, Dey, Year) D-33224 JUNE 06, 1997 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Rockville MD 20852

State Registrar

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death

Peges 1 and 2 should be filed within 72 hours effer or the off Health and Mental Hygiene. Ont of Health and Mental Hygiene. Off: If Item 27 is marked other than "natural", or item

the death certificete be executed

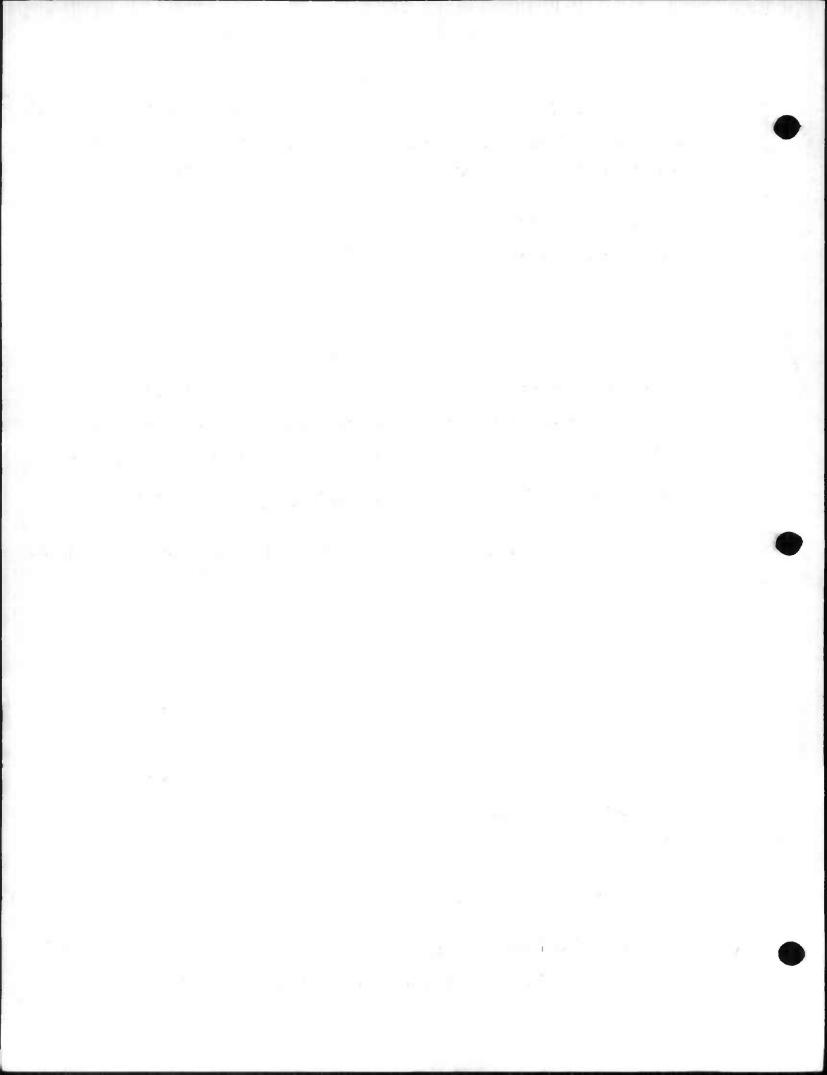
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Box 68760,

P.O.

Division of Vital Records,

3altimore, Maryland 21215-0020



State of Maryland / Department of Health and Mental Hygiene 9 7

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	2	29b. Signeture end title of cert			of death (Item 2	?3e) (Type,		332	93			JUNE 9	, 1997	4
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Dete of Deeth 3. Time of Death Month June Ray 1997 3:38pm Blondel1 Hammett Margaret 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Physicians Memorial Hospital La Plata Charles If Under 1 Year if Under 24 Hrs. Hours Min. 5. Sociei Security Number 6. Sex 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Year) June, 1913 Birthplace (State or Foreign Country) Months Days Hours 1□ M 2♥ F Vrs 219-34-7790 83 Maryland Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Maryland Charles Waldorf 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 4523 Bryantown Road 20601 USA 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Yes 2 🕱 No If Yes, Give Year or Dates: 1 Never Merried 2 Married Specify: White 1 ☐ Yes 2 X No Specify 3 ₩ Widowed 4 Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 Homemaker Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Wathen Potter Cora Owens 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 4523 Bryantown Road Waldorf, Maryland 20601 Hilda M. Montgomery / Daughter 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, State 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetlon 5 ☐ Other (Specify) St. Peter's Cemetery 06-11-97 Waldorf, Maryland 21. Signature of Funeral Service Licensee 22. Name end Address of Facility James W. Kamers The Huntt Funeral Home, Inc. Shannon W. Ramirez M00798 P.O. Box 156 Waldorf, Maryland 20604 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate Intervel Between Onset end Death Immediate Cause (Final disease or condition resulting in death) Congestive Heart Failure 1 Day Due to (or as a consequence of): Sequentially list conditions if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that inhated events resulting in death) Last Due to (or as a consequence of): Due to (or as e consequence of): Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? Seizure Disorder 1 Yss 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24e. Was en autopsy performed? CARDIAC Valular Heart Diease 1 ☐ Yes 2√□ No 1 ☐ Yes 2√2 No

Physician /Medical Examine

Department of Important: If any injury or odce.

Physician

/Medical

Examiner

by Funeral Director

Completed

Be 2 10a. State

Funeral

Director

Pages 1 and 2 should be filed within 72 hours after death with the Manyland inert of Health and Mental Hygiana. Intil Himm 71 is marked other than "natural", or items 23a or 28a-f ahow ary or other traumatic event, in a Mental Examiner man be nother at a

Baltimore, Maryland 21215-0020

96 B 25 certificate ä funeral After

The law requires that the death certificate be

Director

Mangar et Hammett Division of Vital Records, P.O. Box 68760,

Examiner Physician/Medical p Completed 8

25. Was case referred to medical examiner? 1 Ves 2 No

Certification: To 27. Magner of Death 1 DNatural 2 Accident 3 Suicide 4 C Homicide Medical

29a, Certifier

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and plece, end due to the ceuse(s) end menner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(s) end manner stated.

5 ☐ Pending

investigation

6 Could not be

29b. Signature and title of certifier

28a. Date of Injury (Month, Day Year)

29c. License number D - 44436

28c. Injury at Work?

1 ☐ Yes 2 ☐ No

26. Place of Death (Check only one)

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

28d. Describe how injury occurred

29d. Dete signed (Month, Dey, Year)

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

Ashvirkumar Patel, MD 603 Post Office, Suite 207, Waldorf, Maryland, 20602 31. Date filed (Month, Day, Year)

Hospital: 1 ☐ Inpatient 2 ☒ ER/Outpatient 3 ☐ DOA

28b. Time of

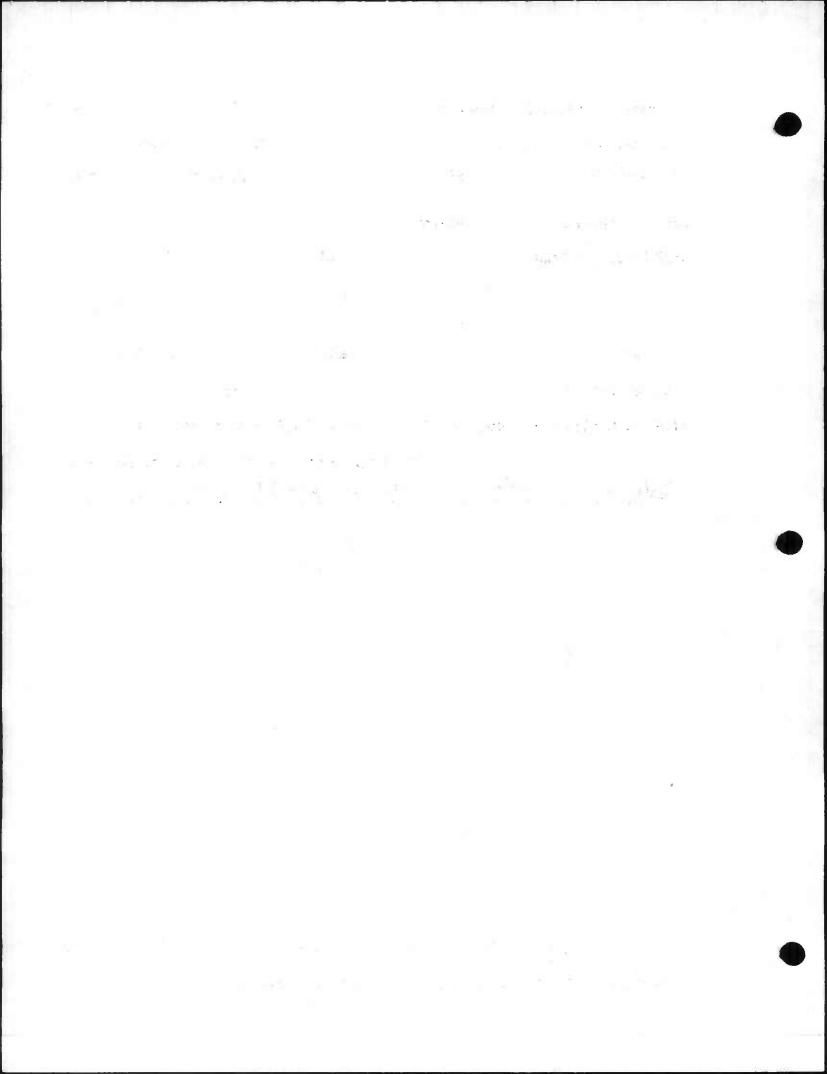
28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

State Registrar

JUN 1 3 1997

32. Registrar's Signature Jalin Davilson Randall

To the Hospital within 24 hours a To the Funeral D



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedanf's Nama (First, Middla, Last) 2. Data of Death 3 Time of Deeth **Physician** Month 0145 EUGENE 97 HICKS 6 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner ATLANTIC GENERAL HOSPITAL

5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) BERLIN r If Under 24 Hrs. WORCESTER Birthplaca (Stata or Foreign Country) if Undar 1 Yaar Monfhs Days 8. Data of Birth (Month, Day, Year) **Funeral** Min. Days Hours 1 M 2□ F Yrs. Director 9-07-19 217-03-9326 Osuai Rasidence of Decedant BALTIMORE death with the Maryland 10d. Insida City Limits 10a Sfata 10b. County 10c. City, Town or Location show tem 27 is marked other than "natural", or itema 23a or 28a-f shot other traumatic event, the Medical Examinar must be notified at 1 Yas 2 No Director MD WORCESTER OCEAN CITY 10e. Streef and Number 10g. Citizan of What Country? 10f. Zip Code 179 CLAMSHELL 21842 USA 12. Was Decadant Evar in U,S. Armed Forcas? 1 Decades 2 □ No if Yas, Giva Yaar or Datas: Was Dacedanf of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, White, arc. 11. Maritai Sfatus permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or Item any injury or other traumatic event, the Medical Exercised once. 1 Nevar Married 2 Married altimore, Maryland 21215-0020 1 Yas 2 No Specify: Specify: WHITE þ 3 ☐ Widowed 4 ☐ Divorced 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) College (1-4or 5+) SIGN PAINTER ADVERTISING 17. Fafhar's Nema (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) Ε. EUGENE HICKS AGNES MYRTLE POLLEY 0 19a. Informant's Name/Raiationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Routa Number, City or Town, Stata, Zip Code) 20b. Place of Disposition (Nama of cematary, cramatory or other place)

CLAMSHELL OCEAN CITY, Mp. 21842

20c. Location - City or Town, State JEAN HICKS 20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cramafion 3 ☐ Ramovai from Stata 4 ☐ Donation 5 ☐ Other (Specify) SALISBURY, CREMATORY 6-9
22. Nama and Addrass of Facility SALISBURY, MD. 23a. Paltu Enter the disaasa, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feliure. List only one cause on each line. ULLRICH FUNERAL HOME Approximata Intarval Between Onset and Death **Physician** Immediata Causa (Final disaasa or condition rasulting in daafh) /Medical UNG CZNCER Examiner Due to (or as a consequanca of): Examiner requires that the death certificate be axecuted attending physician and for use as the burlal-trans Sequantially list conditions, if any, leading to immadiata cause. Enter Underlying Ceuse (Disaasa or injury that initiated evants Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760 Physician/Medical Dua to (or as a consequence of) rasulting in daath) Last ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 ☐ ¥68 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Dreumoni2 þ 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to complation of causa of death? Completed certificate has 1□ Yas 2 → No 1 ☐ Yas 2 ☐ No 25. Was casa rafarred to medical axaminar? Be 26. Piace of Deeth (Check only ona) Hospital: Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 1 Yas 2 No 2 1 ☐ Impariant 2 ☐ ER/Outpatient 3 ☐ DOA After this 28a. Data of Injury (Month, Day Year) luneral 27. Mannar of Death 28b. Tima of Injury 28c. Injury af Work? 28d. Dascribe how injury occurred Certification: s after death.
I Director: After to by the funers 1 Hafural 5 Panding invastigation 1 Yas 2 No 2 Accident 6 Could not be determined 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 3 Suicida 28a. Placa of Injury - At homa, farm, streat, factory, office building, atc. (Specify) filled in by 4 I Homicida To the Hospital o within 24 hours at To the Funeral D 12 Certifying Physician: To the best of my knowledga, daath occurred at tha tima, data and piaca, and dua to the cause(s) end manner as stated.
2 Medical Exeminar: On the basis of axamination and/or invastigation, in my opinion, daath occurred at the tima, data and place, and dua to the cause(s) end manner stated. 29a. Certifier edicai (Check only one) 29c. Licansa number 29b. Signature and title of certifier 29d. Dafa signed (Month, Day, Year) phy51612~ 30. Nama and address of person who completed causa of death (Itam 23e) (Type, Print) Drive Berlin, MA

Registrar DHMH 16 Ray 6/95

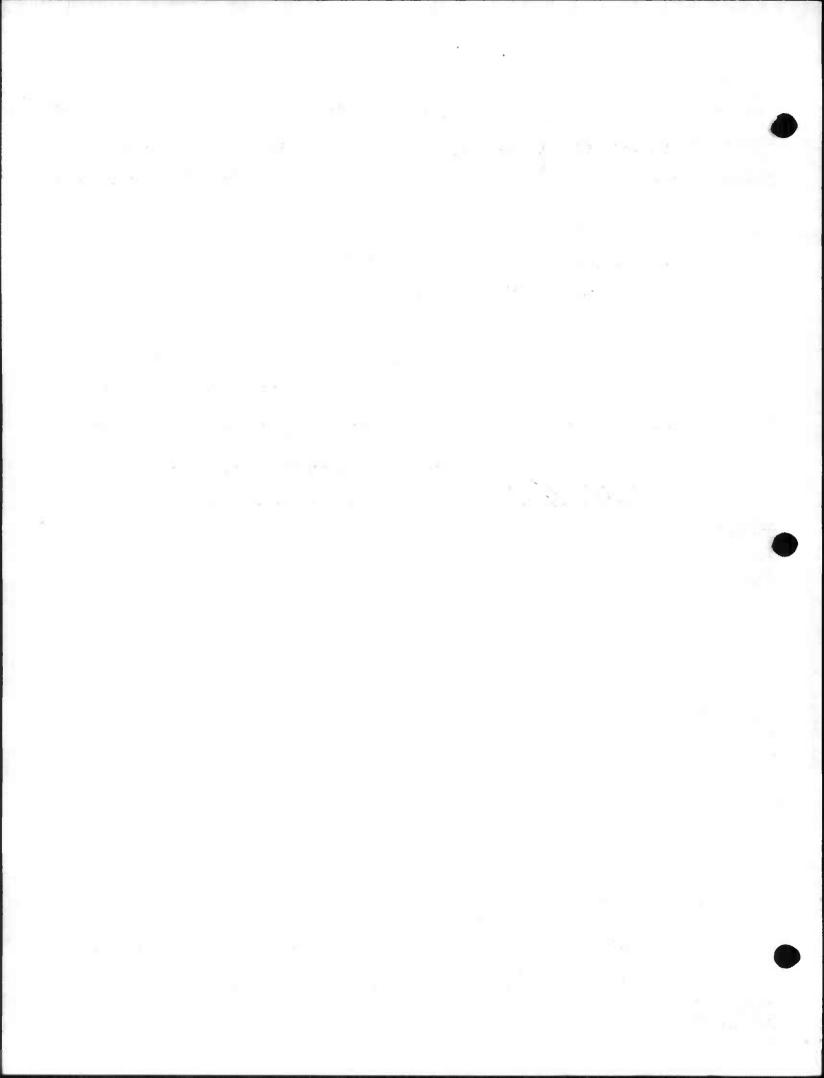
State

31. Data filed (Month, Day, Year)

JUN 0 9 1997

32. Registrar's Signatura

Falli Davoleon Revolate



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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Physicia /Medic Examin	al
Funeral	

3. Time of Death 10:55AM

10d. Inside City Limits

Approximata Intervai Between Onset end Death

1 XYas 2 No

Physician /Medical Examiner

Baltimore, Maryland 21215-0020

physician and s the burial-transit usa should cartificata To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this cartifics within 24 hours aftar de To the Funeral Directo completaly filled in by ti

Division of Vital Records, P.O. Box 68760.

Director Pages 1 and 2 should be filed within 72 hours after death with the Maryland neat of Health and Mental Hyglens. In the Mental Hyglens. In: If them 27 is a merked other than "naturel", or items 23a or 28a-f show in: If them 27 is a marked other than "nature or other traumatic event, are knotted Example." Directo Funeral þ Completed Be permit. Pages Department of Important: If it any injury or o Examiner

velcian/Medical

215-36-0050 Usual Residence of Dacedani 10e. Stete MD 10e. Street and Number 11 Maritel Status 20a. Mathod of Disposition 4 Dopation tmmediata Causa (Final diseesa or condition rasulting in daath) Sequentially tist conditions, if any, leading to immadiata causa. Enter Underlying Causa (Disaasa or Injury that initiated events rasulting in daath) Last

29e. Certifia: Medical

(Check only one)

1. Decedant's Nama (First, Middla, Last) 2. Data of Daath Day Month Year MARJOLANE REILLY HOPKINS 6 9 97 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Salisbury Wicomico Nursing Home Wicomico If Under 1 Yeer If Under 24 Hrs. Hours Min. 5. Sociei Sacurity Number 7. Aga (In yrs. last birthdey) 8. Data of Birth (Month, Day, Year) 5/24/23 9. Birthpiaca (State or Foreign Country) 1□M 20 F Days 74 Yrs. 10b. County 10c. City, Town or Location Wicomico Salisbury 10f. Zip Coda 10g. Citizan of What Country? 1110 Healthway Dr. 21804 USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yes, Give Yaar or Datas: 13. Was Dacedant of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black White atc. 1 ☐ Naver Married 2 ☐ Married 1 ☐ Yas 2 No Specify: Specify: white 3 □Widowed 4 □ Divorced 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Coilage (1-4or 5+) Elementary/Secondary (0-12) Clothing Buyer Womens Clothier 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middla, Maidan Sumame) Maurice Laybourne Florence Armiger 19a. Intormant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Route Number, City or Town, Stata, Zip Code) 800 Baltimore Ave. Ocean City, MD 21842 Guy R. Ayres III (Son) 20b. Piace of Disposition (Nama of cematery, crematory or other place) 20c. Location - City or Town, Stata 1 Buriel 2 Cramation 3 Remove from State Woodlawn Cemetery 6/13/97 Baltimore, MD 5 Othar (Specify) 22. Nama and Addrass of Fecility Burbage Funeral Home 108 William St. Berlin, MD 21811 r complications that laused the death. Do not antar the mode of dying, such as cardiac or raspiratory arrest, ust only one cause of each line. Due to (or es e consequence of);

al VINIC		d						
y ruyard	Per II. Other algnificant conditions of Peniphana	entributing to death but not re	sulting in the underlying	g causa givan In Part I.	23b. Did tobacco use co	ntributs to the cause of death?		
מווימופופחוי	of Junger	of Fo	of		24a. Was an autopsy performed?	24b. Were autopsy tindings available prior to completion of cause of death? 1 Yas 2 No		
2	25. Wes case reterred to medical	has blo	1-1	eath (Check only ona)				
2	axeminar? 1 ☐ Yas 2 ☐ No	Hospital: 1 ☐ Inpatient 2 ☐	ER/Outpatiant 3D	Other:		ear (Specify)		
1000	27. Manny of Death 1 Natural 5 Panding 2 Accidant invastigation	28a. Data ot Injury (Month, Day Year)	28b. Time ot Injury M	28c. Injury at Work? 1 ☐ Yas 2 ☐ No	28d. Dascribe how Injury occurred			
	3 Sulcida 4 Homicida 6 Could not be detarmined	28a. Place of Injury - At I building, etc. (Special	ome, farm, straat, fact fy)	28f. Location (Street and Numb City or Town, Stata)	8f. Location (Street and Number or Rural Routa Number, City or Town, Stata)			

1 Cartifying Physician: To tha best ot my knowladga, daath occurred at tha time, data and placa, and dua to tha causa(s) and mannar es stated.

2 Medicat Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and life of certifier

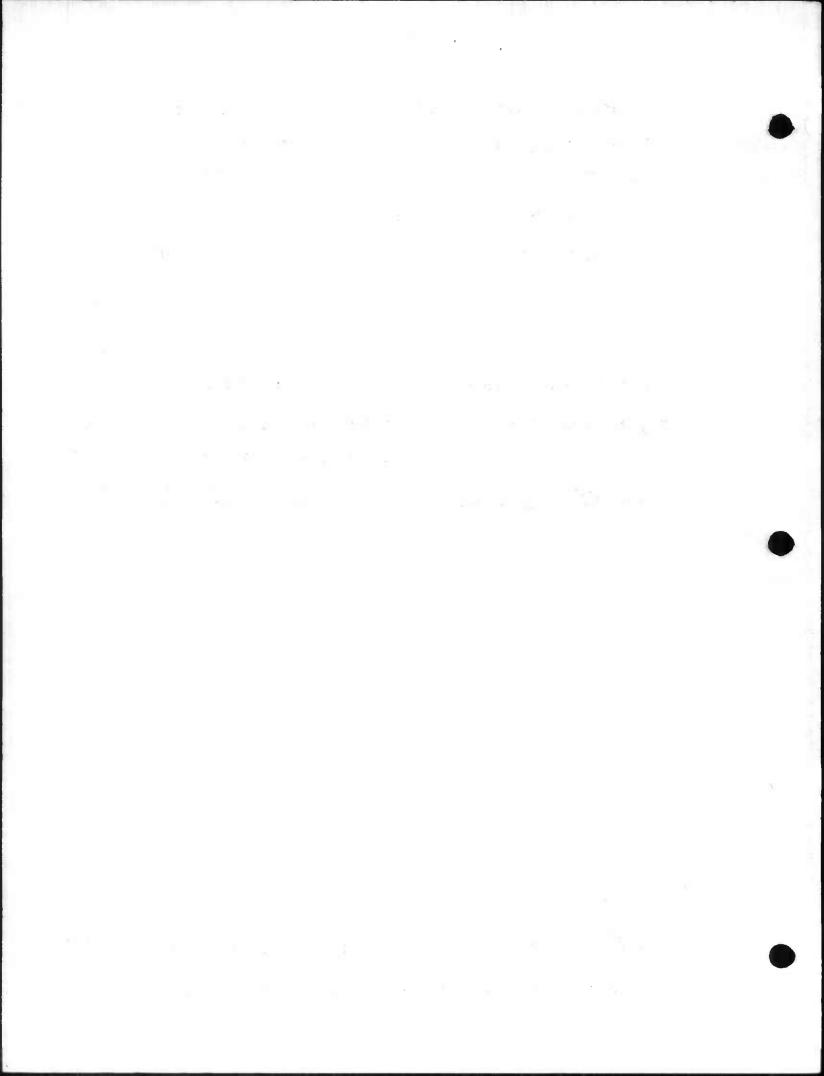
29d. Date signed (Month, Day, Year)

30. Nama and address of person who completed cause of death (Item 23e) (Type, Print)

Federico Arthes, MD 9715 Healthway Dr. Berlin, MD 21811 31. Data tiled (Month, Day, Year)

State Registrar

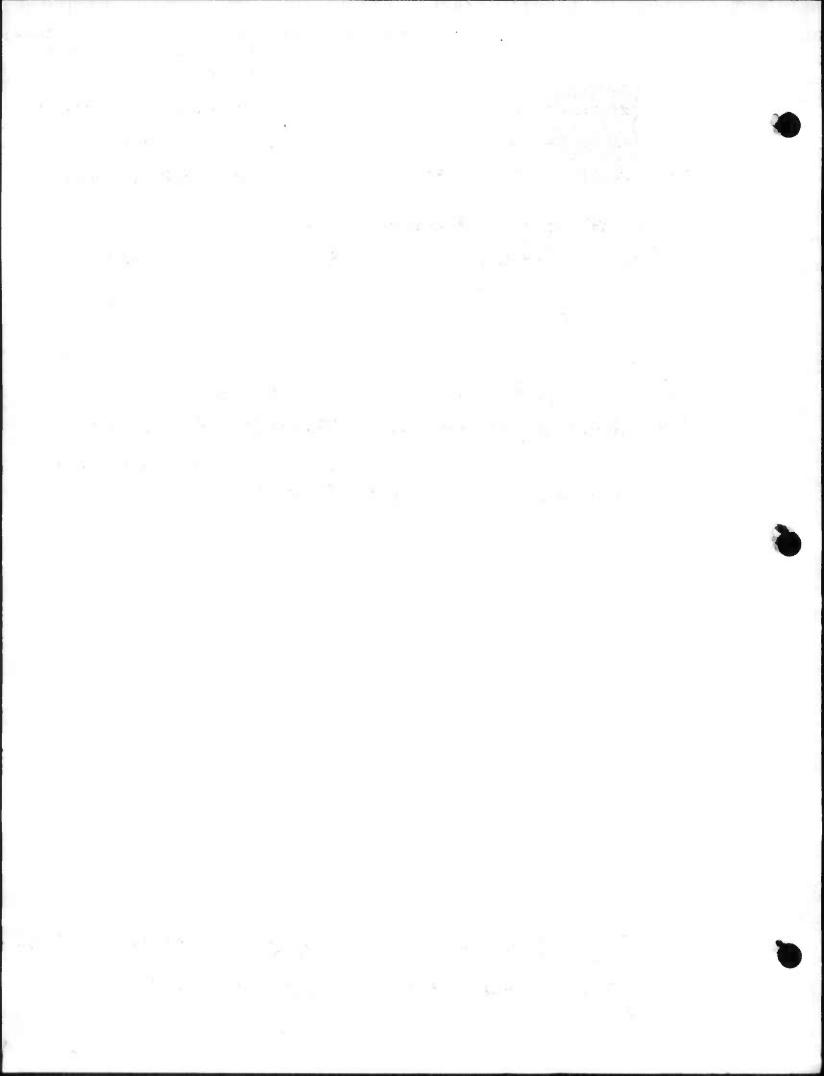
JUN 0 9 1997



State of Maryland / Department of Health and Mental Hygiene

			C	ertificate of Death	P	leg. No.	19015
	Dhusiai		Decedent's Name (First, Middle, Last)		2. Dete of Dee Month	th	3. Time of Death
d Ser	Physici /Medi		Mittie Bell Howard		May 31,	1997 Year	4:30 a.m.
7	Examir	er	4e. Facility Neme (If not institution, give street end number)	4b. City, Town, or Lo		4c. County of Death	
_			Edw.W.McCready Memorial Hospital 5. Social Security Number 6. Sex 7. Age (in yrs. last birthde	Crisfiel	·	Somerset	
	Funeral Director		5. Social Security Number 3.13-05-2067A G. Sex 1 M 2 F 7. Age (In yrs. last birthde 88 Yrs.) Usual Residence of Decedent	Months Days Hours Min.	8. Date of Birth (Month, Dey		place (State or Foreign intry)
	ylend		10a. Sfete 10b. County 10c. City, Town or	Location	_		10d. Inside City Limits
	Me Me	ctor	Maryland Worcester Pocom	oke City			1 Yes 2 No
	2 hours after death with the Maryland atural; or frems 23s or 28s-f show cal Examine must be notified at	ral Director	10e. Stilleef and Number	101. Zip Code 7		log. Citizen of What Co.	infry?
		Funeral	11. Marital Sfatus 12. Wes Decedent Ever in U,S. Armed Forces?	 Wes Decedent of Hispanic Origin? (Sp If Yes, apecify Cuban, Mexican, Puerto 	ecify Yes or No- Rican, etc.)	14. Race - Amer Bleck, White	
21215-0020	72 hours after "natural", or its	by	3 ☑ Widowed 4 □ Divorced If Yes, Give Yeer or Dates:	1 ☐ Yes 2 Mo Specify:		Specify: W	hite
15	n 72 h	Completed	15. Decedent's Education 16a. Dec (Specify only highest grade completed) (Gi	edent's Usual Occupation /e kind of work done during most of work . DO NOT use retired)	ing	16b. Kind of Business/I	ndustry
212	be filed within 7 wel Hygiene. d other than "n event, the Medi	dmo	Elementery/Secondary (0-12) College (1-4or 5+)	er + Operator		Store + res	tourant
	I Hygie other	Be C	17. Father's Name (First, Middle, Last)			Meiden Sumeme)	nout out
/lar	should be and Mentel marked o	To B	Henry Savage Hurley	Willie	Be	11	
Maryland	C1 0 0 0 0		19a. Informent's Neme/Reletionship (Type, Print) 19b. Ma	iling Address (Street end Number or Rur	al Route Numbe	r, City or Town, Stete, Z	ip Code)
_	s 1 and of Health Hem 27		Helen T. Howard/daughter in law 1314	Snow Hill Lane, 1	ocomor		851
Jor	Pages 1 nent of H int: If Ne		1 ■ Burial 2 □ Cremation 3 □ Removal from Stete cemetery, ca	position (Neme of remetory or other place)	Date	20c. Location - City or 1	
Baltimore,			4 Donetion 5 Other (Specify)	aptist Cemetery 6	5-3-47	PocomoKe	2, Md.
Ba	pemit. Departriments any injuice.		21. Signature of Porteral Service Electrises	Melson Funeral 1	tome		
	100		23a. Part 1. Enfer the disease, or complications that caused the death. Do not a	P.O. Box 6t, Poco	moke	Md 218:	Approximete
	Physician		23a. Pan1. Enfer the disease, or complications that caused the death. Do not eshock, or heart fallure. List only one ceuse on each line.		1 .	1	Interval Between Onset and Death
	/Medical		Immediate Cause (Final disease or condition	my ocar	dia	0-	Aprilto
li.	Examiner		resulting in deeth) a. Due to (or es a cons	equence of):	too	a final	1 4 4
	ed sit	Examiner	b. A Mar	les heel	Vou	a dell'i	sal Intent
	The law requires thet the death certificate be executed tte hes been signed by the attending physician end page 2 should be deteched for use as the buriel-transit	хап	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury c.	equence (f)	, /-	Alexander	2 Ame
68760,	sicier b buri	edical E	cause. Enter Underlying Cause (Disease or Injury thet initiated events Due to (or as a consi	y new y	mp	Menter	- The first
	ifficat g phy as th	Medi	resulting in death) Last	0 7 08	01		
Вох	th cer lendin	an/N	d. 1	CIUS V		+	
0.	as thet the death ce igned by the attendii be detached for use	Physician/	Part II. Other eignificant conditions confributing to death but not resulting in the	underlying cause given in Part I.	23b. Did to	bacco use contribute	to the cause of death?
0	het th				1□ Y	es 2 No 3 Pr	obebly 4 Unknown
ds,	signe d be	d by			24a. Wes a	an autonou 24h V	Vere autopsy findings
Record	v require been si should I	lete			perfor	med?	velleble prior to
Re	The law ate hes page 2	Completed			1□Υ		f death? ☐ Yes 2 No
Vita		Be C	25. Was case referred to medical	26. Plece of Deet			LI TES ZE NO
>	Physician: rthis certifica rral director, p	To B	examiner? 1 Yes 200 No Hospital: 1 Unpatient 2 ER/Outpeti	Other:		ence 8 Other (Spec	ity)
0	ng Ph ther th		27. Menner of Deeth 28e. Date of Injury 28b. Time (Month, Dey Year) Injury		28d. Describe h	ow injury occurred	
Sio	leath.	cati	2 Accident investigation	M 1 Yes 2 No	55.20	-1	
Division of	or At after d Direct in by	ertification:	4 Homicide determined 28e. Place of Injury - At home, ferm, so building, etc. (Specify)	street, factory, office	28f. Location (S City or Tow	treet end Number or Ru n, Stete)	rel Route Number,
	spital ours meral filled	O	29a. Certifier 1 Certifying Physician: To the best of my knowledge, dea	ath occurred at the time, date and place	and due to the o	suse(s) and manner as	hatele
	the Hospital or Attanding Physician: hin 24 hours after death. the Funeral Director. After this certific pletely filled in by the funeral director,	edicai	(Check only one) 2 Medical Examiner: On the basis of examination and/or and menner steted.	investigation, in my opinion, death occurr	ed et the time, o	ate end place, and due	to the ceuse(s)
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	M	29b. Signeture end fittle of certifier	29c. License number	.4	90. Date signed (Month	Day, Year)
		3	11/16. Darhan	12764		6/1/4	7) 5/31/97
7			30. Name end eddress of person who completed cause of deeth (Item 23a) (Type	e, Print)	0 1 -		
			Madhay D. Barhan, MD- Rt. #41	3, Crisfield, M	ld. 2	1817	
	Sta Registr	te ar	31. Date filed (Month, Dey, Year) 1997 32. Registrar's Signeture of Month of 1997	JL.			

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Donald Leroy HARBAUGH, Sr. 0125 /Medical 4b. City, Town, or Location of Death 4e. Facility Name (If not institution, give street and number) 4c. County of Death **Examiner** Washington County Hospital Hagerstown Washington 8. Dete of Birth (Month, Day, Year) Jan. 31, 1 5. Sociel Security Number 7. Age (In yrs. last birthday) If Under 1 Year Birthplace (State or Foreign Country) Funerai Days 11XM 2□ F Months 220-34-0965 59 Director Maryland Usual Residence of Decedent with the Marylend 10a. Stete 10b. County 10c. City. Town or Location Show 10d. Inside City Limits item 27 is marked other than "natural", or items 23e or 28e-f sho other traumatic event, the Medical Examinar must be notified at Maryland Washington Hagerstown 1 Yes 2K No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 17842 Virginia Avenue 21740 USA death v Funeral 12. Was Decedent Ever In U,S. Armed Forces? 11 Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien. Biack, White, etc. hours after 1 ☐ Never Married 2 X Married 1 ☐ Yes 2 ☑ No If Yes, Give Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: PV Specify 3 Widowed 4 Divorced white Year or Dates Completed permit. Pages 1 end 2 should be filed within 72 h. Department of Health end Mental Hygiene. Important: If item 27 is merked other than "naturally or other traument. 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 technician (one) trucking 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Ralph Celo Harbaugh Helen Virginia Fryer 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Margaret Harbaugh - wife 17842 Virginia Ave., Hagerstown, Md. 21740 20a. Method of Disposition 20b. Placa of Disposition (Name of 20c. Location - City or Town, State cemetery, crematory or other place 1 Burlel 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Rest Haven Cemetery 6-11-97 Hagerstown, Maryland 21. Signature of Funeral Service Licansee 22. Name and Address of Facility MINNICH FUNERAL HOME 415 E.Wilson Blvd., Hagerstown, Md. 21740 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line Approximate Interval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting In death) metastasis /Medical Examiner anoma of upper extrimity Examiner the attending physician and hed for use es the bunal-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury thet initiated events resulting in death) Last Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of) Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. datached 23b. Did tobacco use contribute to the cause of death? à 2 No 3 Probably 4 Unknown þ 2 should 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an eutopsy performed? Completed peed 1 ☐ Yes 1 □ Yea 2 □ No 25. Wes case referred to medical exeminer? Be 26. Place of Death (Check only one) 1 Yes 2 No Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 2 ER/Outpatient 3 DOA 1 Inpatient Division of this funeral 27. Manner of Death 28a 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Certification: After 1 5 Pending Investigation death. 1 ☐ Yes 2 ☐ No 2 Accident To the Hospital or Attanowithin 24 hours efter deatl To the Funeral Diractor: 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 - Homleide Certifying Physician: To the best of my knowledge, death occurred et the time, dete end piece, end due to the ceuse(s) end manner as steted. 2 Medicat Examinar: On the besis of examination and/or investigetion, in my opinion, death occurred et the time, date and place, and due to the ceuse(s) and manner stated. Medical 29e. Certifier (Check only one)

29c. License number

S. Cleveland

29d. Dete signed (Month, Day, Year)

State Registrar 29b. Signeture and title of cartifier

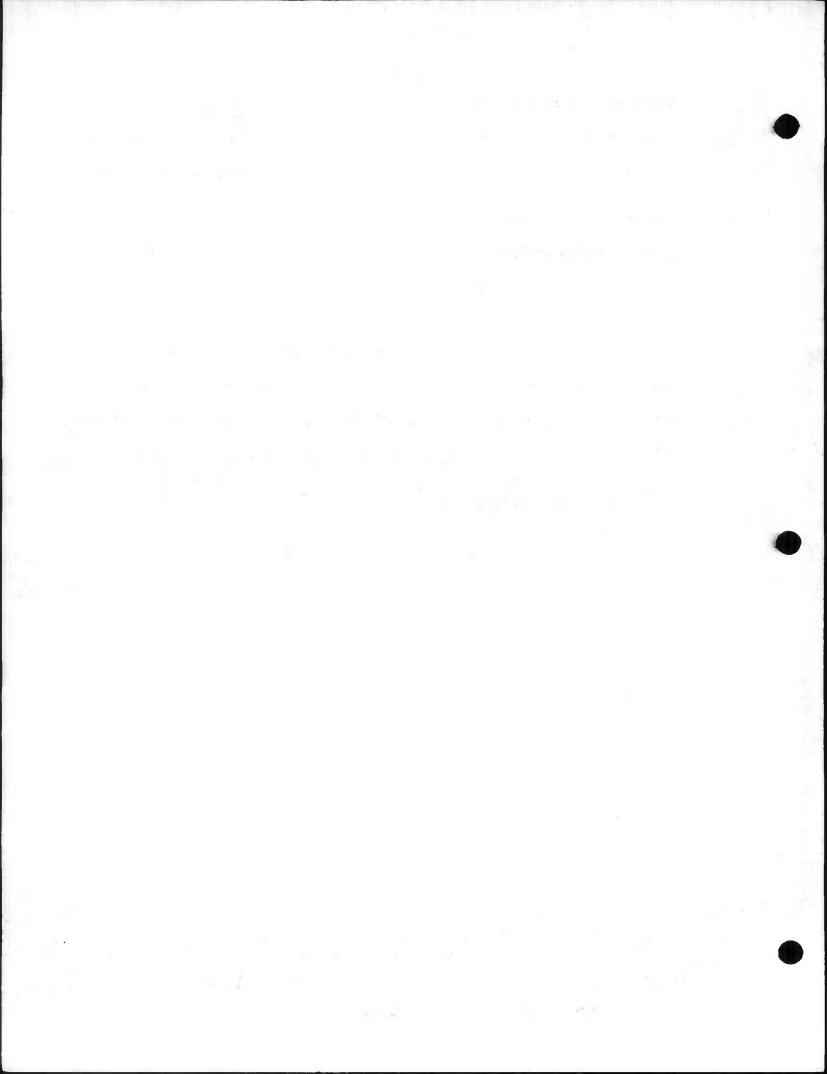
31. Dete filed (Month, Day,

Name and address of person who completed cause of death (Item 23e) (Type, Print)

32. Registrar's Signeture

Bonald

Varbaugh

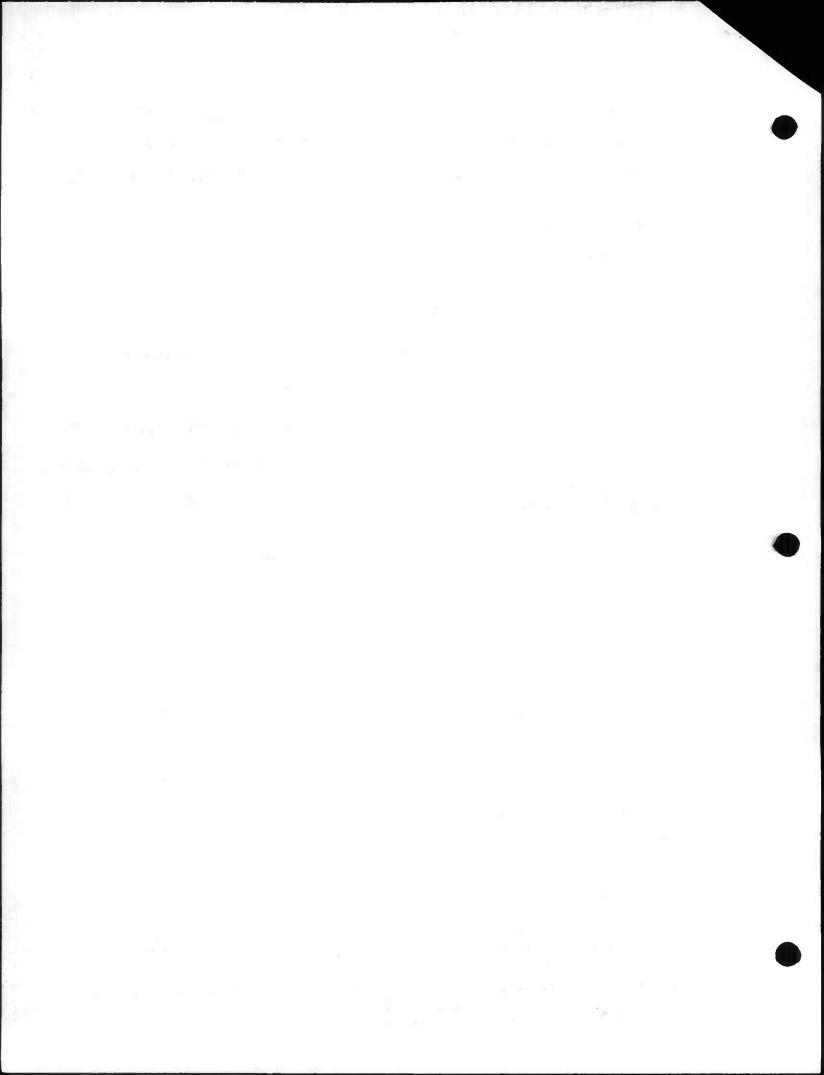


State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Dav **Physician** Month Year Lee David Huff June 8, 1997 /Medical 5:09 PM 4e. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Frederick Memorial Hospital Frederick Frederick If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthpiece (State or Foreign Country) **Funeral** 1**X** M 2□ F 236-54-7573 Yrs. 62 Director July 31, 1934 West Virginia Usual Residenca of Decedent with the Marylend 10a. State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits traumatic event, the Medical Examiner must be notified Director 1 ☐ Yes 2 ☐ No Maryland | Frederick Middletown 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ò 23a 8229 Old Hagerstown Road death Funeral 21769 USA Items 2 12. Was Decedent Ever In U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Bleck, White, etc. permit. Peges 1 and 2 should be filed within 72 hours efter c Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or item eny injury or other traumatic event, the Medical Examines page. 1 Tyes 2 □ No If Yes, Give Year or Dates: 1 Never Married 2 1 Married Baltimore, Maryland 21215-0020 1☐ Yes 2☐No Specify: þ 3 ☐ Widowed 4 ☐ Divorced 54 - 57 White Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decadent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Meat Cutter Supermarket 12 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Ralph Huff Belle Cloie Funk 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8229 Old Hagerstown Road, Middletown, MD 21769
ace of Disposition (Name of Date 20c. Location - City or Town, State Bernice Huff 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) 1 Burial 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Cedar Lawn Memorial Park 6-11-97 Hagerstown, Maryland 21. Signature of Furieral Service Licensee 22. Name and Address of Facility 504 Main Street Myersville, MD 21773 Ricketts Funeral Home 23a. Part1. Enter the u sease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heart failure. List only one ceuse on each line. Approximate Intervet Between Onset and Deeth **Physician** /Medical Immediate Ceuse (Final PULMONARY EMBOLISM disease or condition resulting in deeth) Examiner Due to (or es a consequenca of) Examiner Hospital or Attending Physician: The law requires that the death certificate be executed 24 hours after death.
24 hours after death.
15 Anound the continuation of the continuation of the attending physicien and the present of the present of the continuation of the c physiclen end s the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or es a consequenca of). P.O. Box 68760. Physician/Medical Due to (or as a consequenca of): Pert II. Other significant conditions contributing to death but not resulting In the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown SUBOUMAL KEMATOMA Division of Vital Records, Completed by 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 ☐ Yes 2 PNo 1 Yes 2 No Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2√ No Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Deeth 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. tnjury at Work? 28d. Describe how injury occurred 5 Pending Investigation 1 MNatural 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined Location (Street end Number or Rural Route Number, City or Town, State) 28e. Pleca of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide within 24 hours aft To the Funeral Di completely filled in edicai 29a. Certifier i 🔀 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the ceuse(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) To the and manner stated. 29b. Signature and title of cartifier 29c. License number 29d. Date signed (Month, Day, Year) D44213 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) Rava Yalamanchili, M.D., 198 Thomas Johnson Drive, Frederick, Maryland 21701

State Registrar 31. Dete filed (Month, Day, Year)

JUN 1 U 1997

32. Registrar's Signature



Please Type or Print In Black indelible Ink. Assure Ali Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middla, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month Year MILDRED LOUISE HECK 6:20 p.m. JUNE 10 1997 /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Homewood Retirement Center Williamsport Washington If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) Birthpleca (Stete or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** 1□ M 200F Yrs. Director 94 214-34-0607 Nov. 22, 1902 Maryland Usuel Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f shot traumetic svent, the Medical Examinar must be notified at 1 Yes 2 No Director Maryland Washington Hagerstown 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 16902 Harbinger Court 21740 U.S.A. 12. Wes Decedant Evar in U,S. Armed Forcas? Wes Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 1 ☐ Nevar Married 2 ☐ Merried 1 ☐ Yas 2 ☑ No If Yes, Give Yeer or Detes: 1 ☐ Yes 2 ☑ No Specity: Specify: White ģ 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry se filed within 7 ial Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) Laborer 6 years Organ Mfg. Company 17. Father's Neme (First, Middla, Last) 18. Mother's Name (First, Middle, Malden Surname) Pages 1 and 2 should be finent of Health and Mental I int: if item 27 is marked of Jack Bazel Daisy B. Bonner 19e. Informent's Neme/Reletionship (Type, Pnnt) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2 a Department of Health ar Important: if item 27 is any injury or other trau once. Bruce H. Heck / Husband 16902 Harbinger Court Hagerstown, Md. 20b. Pleca of Disposition (Neme of cametery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, Steta 1

Burial 2 □ Cremetlon 3 □ Removel from Stete

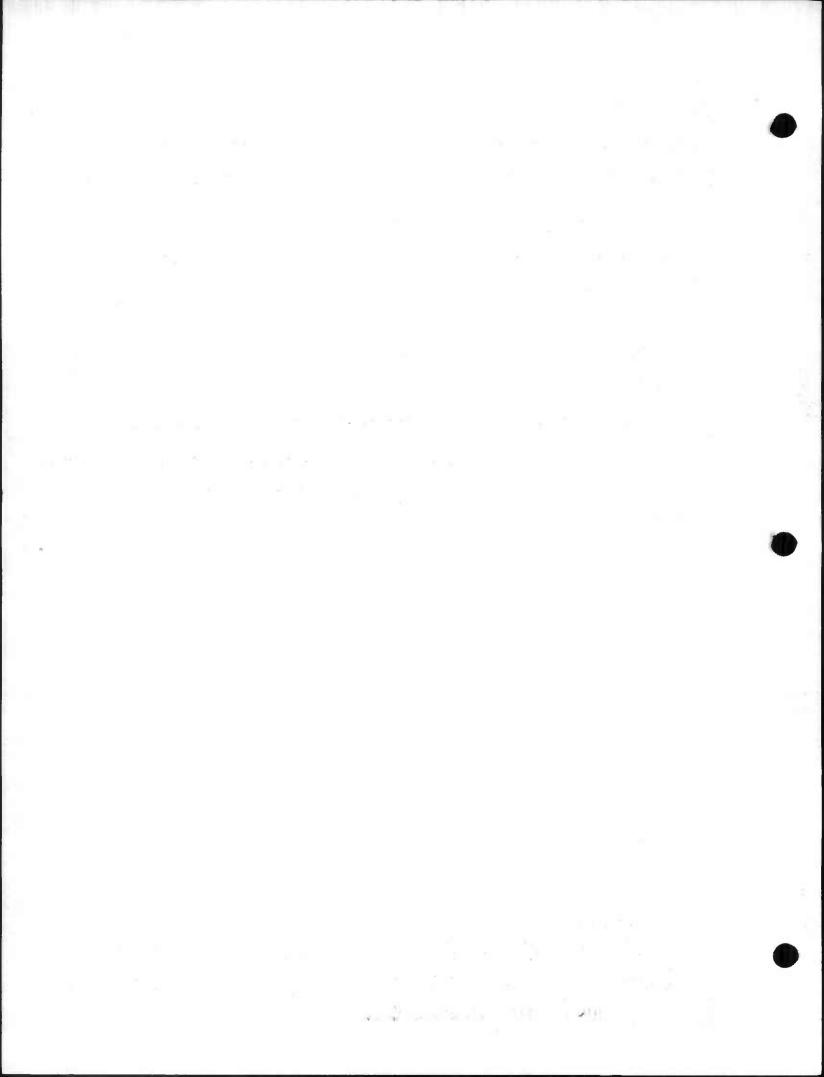
□ Donetion 5 □ Other (Specify) Cedar Lawn Mem. Park June 13, 1997 Hagerstown, Maryland 21. Signature of Funerel Sarvice Licensee 22. Name end Address of Fecility Douglas A. Fiery Funeral Home Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interval Between Onset and Death. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Fine) disaasa or condition rasulting in deeth) Examiner Examiner physician and the burial-transit Sequentielly list conditions, if any, leading to immediate cause. Entar Underlying Couse (Diseese or Injury that initiated events resulting in deeth) Lest 487065 OPHABUAR Physician/Medical Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by should be detac 1 Yee 2 No 3 Probably 4 Tonknown Ď 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performad? 1 Yes 2 -NO 1 ☐ Yes 2 ☐ No Be 25. Was case refarred to medical 26. Piece of Deeth (Check only ona) examiner? Other: 4 Nursing Homa 5 ☐ Rasidenca 8 ☐ Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Death 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Neturel 5 Pending Investigation death. 1 Yes 2 No 2 Accident Director 3 Suicide 6 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, term, street, fectory, office building, etc. (Specify) 4 Homicide Hospital of Funeral 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end pleca, end due to the cause(s) end manner stated. To the Hosp within 24 hou To the Funer completely fil 29e. Certifier Medical (Check only 29b. Signature 29c. License number 29d. Dete signed (Month, Day, Year) DINECTAL

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32. Registrar's Signature

State Registrar

Mildred



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

_	- 5			76		tificate of	Death		Reg. No.	97	19019	
п	Physic	ian	1. Decedent's Nama (First, Middle, Last Harry Je	erome Higg:	ine			2. Date of Dea Month June		997	3. Time of Death 8:05AM	
	/Medi Exami		4a. Facility Nama (If not institution, giva		4b. City, Town, or Lo				O:UJAN			
1	EXU		Dorchester Gener				Cambri	dge		rchest	er	
	Funeral Director		5. Social Security Number 217-36-2019 6. Sex 7. Aga (In yrs. last birthday) 1ft Ur Mont				If Under 24 Hrs. Hours Min.	8. Date of Birt (Month, Day Aug 12	1919	9. Birthplac Country Mar	a (Stete or Foreign yland	
	rland ow		Usual Residence of Decedent 10a. State 10b. County	10c. City	y, Town or Loc	ation				10d.	Inside City Limits	
	a-f sh	ctor	Maryland Dorche	ester Ca	ambridg	е					1□Yes 2KNo	
	th with the 23a or 28	ai Dire	10e. Street and Number 1734 Town Point F	Road		10f. Zip Code 2161	3		10g. Citizen of US	What Country	?	
020	permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Depertment of Health and Mental Hyglena. Important: If item 27 is marked other than "naturel", or items 23a or 28a-f show himportant: If item 27 is marked other than "naturel", or items 23a or 28a-f show him injury or other treumatic event, if it Medical Expriner must be notified at ances.	by Funeral Director	11. Marital Status 1 □ Never Married ※ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent Ever in U, Armed Forcas? 1 ∰ Xes 2 □ No If Yes, Give Year or Dates: WW ☐	1 XXes 2 □ No If Yes, Give 1,π,7 ⊤⊤ 1 □ Yes XXX No			t of Hispanic Origin? (Specify Yas or No- Cuban, Mexicen, Puerto Rican, etc.) No Specify:			Indian,	
Maryland 21215-0020	within 72 ho iena. than "natur in Medical	Completed	15. Decedent's Edu (Specify only highest grade Elementary/Secondary (0-12)	cation e completad) College (1-4or 5+)	life DO NOT use retired)			ing			siness/industry ulture	
	Mental Hygid Mental Hygid arked other artic event, the	To Be C	17. Father's Name (First, Middle, Last) Harry Lee Higgin		18. Mother's Nama (First, Middle, Maiden Sumame) Ida Lillian Moore							
Mar	d 2 should and the um		19a. Informant's Name/Relationship (Ty				and Number or Rura		-			
Baltimore, I	tom 27		Treva A. Higgins 20a. Method of Disposition	Wife 20b. P		IOWII FO ition (Name of etory or other place	int Road	Date	ge, Mai			
	Pages nent of int: If ite		1 ☐ Burial 2 ☐ Cremation 3 ☐ R 4 ☐ Donatjon 5 ☐ Other (Specify)	emoval from State		cremato	ry 6/	12/97	Salisb	oury, M	laryland	
Salt	Depentit. Depentin		21. Signatury of Funeral Service Aicense	na	22. T	Name and Address	ss of Facility neral Hom	e P A	-			
	Physician /Medical Examiner	iner	23a. Faryl. Entar the disease, or compline k, or heert failure. List only or immediate Cause (Final diseasa or condition resulting in death)	Resp	n. Do not ente	r the mode of dyln	t Street g, such as cerdiac co	Cambrid	est,	Ap	proximate plerval Between insat and Death	
	w requires that the death certificate be executed been signed by the ettending physician and should be detached for use as the bunel-transit	n/Medical Examiner	Sequentially list conditions, if any, laading to immediate cause. Enter Undarlying Cause (Disease or injury that initieted events resulting in death) Last	Prosta	r as a consequence of the conseq	merca	rombo	cepto.	A.			
s, P.O. Box	The law requiras thet tha death cer are has been signed by the ettendir page 2 should be detached for usa	by Physician/	Part II. Other eignificant conditions con	tributing to death but not result to the miles	ulting In the und	derlying cause give	en In Part I.	-	obacco uae cor 'ee 2□ No	,	e cause of death?	
Hecords, I	law require	Completed						24a. Was e perfor		availal	autopsy findings bla prior to etion of ceuse th?	
a			25 W					1 🗆 Y	es 2 No	1 🗆 Ye	es 20 No	
5	yslcian: The lav Is certificate has director, page 2	To Be	25. Was cese referred to medicel axaminer? 1 ☐ Yes 2 ☑ No	ospital:	ER/Outpatlent	3□ DOA Othe	26. Plece of Death er: 4 ☐ Nursing Hor			et (Snecify)		
Division of Vital	ar th		27. Manner of Death 1 Natural 5 Pending 2 Accident Investigation	28a. Date of Injury (Month, Day Year)	28b. Tima of Injury	28c. Injury Work	at :	28d. Describe h	-			
DIVIS	To the Hospital or Attending Ph within 24 hours effer death. To the Funeral Director. After thi completely filled in by the funeral	Certification:	3 ☐ Suicida 6 ☐ Could not be 4 ☐ Homicide determined	28e. Place of Injury - At hou building, etc. (Specify,	me, farm, stree	et, factory, office	4	28f. Location (S City or Tow		er or Rural Ro	oute Number,	
	the Hosp hin 24 hot the Funel npletely fil	Medical	one)	ician: To the best of my know er: On the bests of examineti and manner stated.	vledge, deeth o ion end/or Inve	stigation, in my or	oinion, death occurre	ed at the time, d	ete and place,	and due to the	e cause(s)	
	or T will	-	29b. Signature and title of certifiar	m	mp	29c. Licanse	number 0509 Neet	87	6/12	9 (Month, Day	, Year)	
			30. Name and address of parson who con AHMED NAU	mpleted ceuse of death (Item	23e) (Type, Pi Auria	rint)	weet	Cam	bridg	e me	721613	

Registrar

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Dey **Physician** HARRIETT C. HEATH June 11, 10:12 A.M. /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Home- 122 Somers Cove Apts. Crisfield Somerset If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1□M 2**X**F Months Yrs Director 90 217-01-4633 September 3, 1906 Maryland Usuel Residence of Decedent the Marylend 10e. Stete 10c. City, Town or Location 10b. County 10d. Inside City Limits Hem 27 is marked other then "naturel", or Hems 23s or 25s-4 show other traumetic event, the Medical Examiner main be notified at Maryland Somerset Crisfield Director 1DXYes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? With 122 Somers Cove Apartments 21817 U.S.A. Funeral death 12. Was Decedent Ever in U,S. Armed Forces? 14. Rece - American Indien, Bleck, White, etc. 11. Maritel Stetus Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) permit. Pages 1 and 2 should be filed within 72 hours after 1 Department of Health and Mental Hygidna. Important: if flem 27 is marked other than "naturel", or flea any injury or other traumetic event, tra Mexical Examin 1 Never Merried 2 Married 1 ☐ Yes 2 🔯 No If Yes, Give Saltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: Specify: White by 3 CWidowed 4 ☐ Divorced Year or Detes: Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) H. S. Graduate Seamstress Clothing 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumame) Be William Andrew Sterling Angeline Tyler 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Orrie Lee McCready (Son) 323 Somers Cove Apts. - Crisfield, MD 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ☐ Burial 2 ②Cremation 3 ☐ Removal from Stete Salisbury Crematory 6/12/97 Salisbury, MD 4 ☐ Donetion 5 ☐ Other (Specify) 22. Neme end Address of Fecility berl Bracket Bradshaw & Sons Funeral Home Robert H. Bradshaw, Jr. 306 W. Main St.- Crisfield, MD 21817 Approximate Intervel Between Onset end Death 23a. Pert1. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest shock, or heart feilure. List only one ceuse on each line. Physician Nascular accidu /Medical Immediete Ceuse (Finel diseese or condition resulting in deeth) Examiner Examiner attending physician and for use es the bunat-transit certificate be axecuted Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Diseese or Injury Due to (or es e consequence of): Box 68760, Physician/Medical thet initieted events resulting in deeth) Lest Due to (or es e consequence of): 98 Division of Vital Records, P.O. the a Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 1 ☐ Yes 2 ☐ No 3 Probably 4 Unknown by The law requires 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24e. Wes an eutopsy Completed peen performed' has page 2 certificata 20 No 1 Yes 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certific 25. Wes cese referred to medical examiner? Be 26. Place of Deeth (Check only one) Hospitel: Other: 4 ☐ Nursing Home 5 ☑ Residence 6 ☐ Other (Specify) ို 1DXYes 2 No 1 Inpatient 2 ER/Outpetient 3 DOA uneral 27. Menner of Death Certification: 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 X Neturel 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 24 hours a 1 Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, dete and piece, end due to the ceuse(s) end member as stated.

2 Medical Examiner: On the best of exeminetion end/or investigation, in my opinion, death occurred at the time, dete and piece, and due to the cause(s) end menner stated. Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, dete and piece, end due to the ceuse(s) end menner es steted. Medical 29e. Certifier pletely (Check only one) within 2 the 29b. Signature and title of certifiq 29c. License number 29d. Date signed (Month, Day, Year) June 12, 1997 12764 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

Madhav D. Barhan, M.D. - 4384 Crisfield Highway - Crisfield, MD 1. Deterfiled (Month, Day Year) 3 1997 Salve of Russian Facility

State Registrar

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State of Maryland / Department of Health and Mental Hygiene Amend # 10c; 6/13/97; BMW; Montg.Co Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day **Physician** Month Year 4:35 AM William Lubin Jones 10, 1997 June /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 10006 Battleridge Place Gaithersburg Montgomery If Under 1 Year If Under 24 Hrs. 8. Deta of Birth (Month, Dey, Yeer) 6. Sex 1 Ø M 2 ☐ F 5. Social Security Number 7. Age (In yrs. lest birthdey) Birthplace (State or Foreign Country) **Funeral** Yrs. 577-32-7821 71 January 1,1926 South Carolina Director Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumetic event, the Medical Examiner must be notified at the Marylar Gaithersburg 1 Yes 2 No Director Maryland Montgomery -Garithersburg 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 10006 Battleridge Place 20879 United States Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 1 ⊠ Yes 2 □ No 1944— If Yes, Give Year or Dates: 1946 Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. hours after 1 □ Never Married 2 □ Married Baltimore, Maryland 21215-0020 1 Yes 2 X No Specify: Black ρŃ 3 ☐ Widowed 4 ₺ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuai Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Pages 1 and 2 should be filed within 7 nert of Health and Merital Hygiene.
Int: If then 27 is marked other than "1 Elementary/Secondary (0-12) College (1-4or 5+) Director of Internal Audit CPA-Howard University 17. Father'a Nama (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumeme) Be Unavailable Ethel Irving Department of Health and important: If them 27 is ma any injury or reference. 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 10006 Battleridge Pl., Gaithersburg, MD 20879 Richard K. Jones 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State 1 Waurial 2 Cremation 3 Removel from State Harmony National Cemetery6/13/97 Landover, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Facility
McGuire Funeral Service, Inc. 21. Signature of Funaral Service Licensee 7400 Georgia Ave. N.W., Washington, D.C. 20012 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse of each line. Approximate Interval Between Onset end Death **Physician** CANCER /Medical Immediate Cause (Finel -UNG YEARS disease or condition resulting in death) Examiner Due to (or as e consequence of) Examiner physician and the burial-transit Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) P.O. Box 68760. Physician/Medical Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? á 1 Yes 2 No 3 Probably 4 Unknown URINARY TRACT INFECTION signed d be det Division of Vital Records, þ 24b. Were autopsy findings aveilable prior to completion of cause of death? 24a. Was an autopsy performed? Completed certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No Hospital or Attending Physicien: 24 hours after death. Funeral Director: After this certific 25. Was case referred to medical examiner? Be 26. Place of Deeth (Check only one) Hospital: Other: 4 ☐ Nursing Home 5 【Residence 6 ☐ Other (Specify) Certification: To 1 Tyes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28h Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending Investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) á 4 Homicide To the Hospital or within 24 hours aft To the Funeral Di completely filled in 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the cause(s) and menner es stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end manner stated. 29a. Certifie 29b. Signature endititle of Cartifier 29c. License number 29d. Date signed (Month, Dey, Year) 23540 25 30. Neme end address of person who completed cause of deeth (Item 23e) (Type, Print) HILL MD, 1450 RESEARCH BLVD, ROCKVELLE 32. Registrer's Signeture State Fulia Davidson Randalle Registrar

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

Cortificate of Death

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19022

								Cei	titical	te of	Death	7		Reg. No	0.				
	Physic /Medi			J. Jose	phs								2. Date of E Month June 2	2, 19	97	Yaar	3. Time	of Deeth	
	Exami	ner	4s. Fecility Neme	(Il not Institution, iars Rd.		umber)					4b. City, To		ocation of Dea		County of		,		
H	Funeral		5. Social Security		S. Sex	7. Aga	(In yrs. last	birthday)		r 1 Yeer	If Under	r 24 Hrs.	8. Dete of 8			- d		te or Foreign	
	Director		203-16-2 Usual Residance		13X M 2□ F	7	1	Yrs.	Months	Deys	Hours	Min.	April	26,	1926	New	York	2	
	how		10e. Steta	10b. County			10c. City, T		cation							11			
	Sa-f	octo	MD	Montgo	mery		Beth											as 250 No	
	th with the 23a or 2	al Dir	10e. Street and Nu 9109 Fr	iars Rd.					10f. Zij 20	817				10g. Citizen of What Country? United States					
020	72 hours after death with the Maryland natural, or items 23s or 28s-f show diest Examiner must be notified at	by Funeral Director		ried 2⊠ Marria	12. Was Der Armed F d 1 XYas If Yas, G Year or I	orcas? 2 ☐ No iiva			Was Dece f Yes, spe l □ Yas				ecify Yes or N Rican, etc.)	s or No- otc.) 14. Race - American Ind Black, Whita, atc. Specify: White			atc.	•	
5-0	72 ho	eted	(Spe	15. Decedant's	Education grade completed	")	1	6a. Deced	ient's Usu kind of wo	al Occup	pation during mos	st of work	ina						
2121	filed within Hyglane. other than	Completed	Eiamantary/Sec			(1-4or 5+	+)	16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) Executive Director											
Maryland 21215-0020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylar Department of Health and Mental Hyglane. Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any Injury or other traumatic event, the Medical Examiner must be notried at once.	To Be	17. Fathar's Nama Ralph Jo		ast)				_				e (First, Midd Jangmar		n Sumam	a)			
Mar			19a. Informant's N						_				al Routa Num			Stata, Zip	Code)		
				Jane Josephs/Spouse Oa. Mathod of Disposition 20b.					9109 Friars Rd. Ob. Place of Disposition (Nama of cematary, crematory or other place)					20c. Location - City or 1		City or To	wn, Stata		
mo				Extraction 3 5 ☐ Other (Spe		Stata		• Comfort Crematory				i	6/3 Alexandria, VA						
Baltimore,			21. Signature of F												ction				
ш	80588		21. Sonature of Funeral Service ticensee 22. Nema and Address of Facility Edward Sage1 Fur 1091 Rockville Pike Rockville N								e MD	2085	52						
	Physician /Medical Examiner		23a. Part1. Enter the disease of complications that causad the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heat failure and only one cause on each line. Immediate Causa (Final disease or condition resulting in death) Due to (or as a consequence of):								Intarvai I Onset ar	Between nd Deeth							
,	D is	iner			Carc		a of									I	Month	ns	
50,	se axecute clan and ourial-trans	i Examiner	Sequentially list or if sny, laading to in cause. Entar Und Causa (Disaasa o that initiated evant	onditions, mmadiata larlying	Oua to (or as	o (or as a consequance of):													
ox 68760,	n certificata be axecuted anding physician and usa as the burial-transit	in/Medical	that initiated evant rasulting in daath)	ts Last	oua to (or as	or as a consequence of):													
B.	death ne atter ed for u	Physician	Part II. Other signi	ficant conditions	contributing to c	death but	it not rasuiting in tha underlying causa givan in Part I.					1.	23b. DI	d tobacc	o use con	tribute to	the caus	se of death?	
s, P.O	requires that the de seen signed by the a hould be detached t	by Phy		_													Unknown		
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Vit	Physician: The this certificate ral director, pag	Be	25. Was casa rafa axaminar?		Hospital:					Ot	har:		h (Check only						
		: To	1 ☐ Yas 2 ☑ 27. Mannar of Dea		28a. Data	of Injury	t 2 ER/	Outpetien b. Time of		OA OA 28c. Inju Wo	4 U N	ursing Ho	ma 5 N Re 28d. Dascrib				()		
Division	Attending For death. Cotor: After by the funar	Certification:	1 StNatural 2 ☐ Accident 3 ☐ Sulcide	5 ☐ Panding invastigate 6 ☐ Could no	tion (Mor	nth, Day	Year)	Injury	М	1[]Yas 2□	No					inthplace (Stete or Foreign Country) EW YORK 10d. Insida City Limits 1 Yaa 2 No Country? tes marican Indien, hite, atc. nite salindustry Society Of siology Town, Stata VA 1 Direction 0852 Approximate Interval Between Onset and Deeth Weeks Months Months Months Maria autopy findings available prior to completion of cause of death? 1 Yas 2 No Decify) Rural Route Number, es steted. ue to the cause(s) mth, Dey, Year)		
DİVİ	교육등	Certif	4 Homicida	determine	ad 288. Plac	e of Injur ling, atc.	ry - At homa (Specify)	, ferm, str	aat, factor	y, office				(Street a own, Stel		er or Hura	i Houte N	lumber,	
	To the Hospital or within 24 hours after To the Funeral Dir. completely filled In	edical	29a. Certifier (Check only one)	1⊠ Certifying 2□ Medical Ex	Physician: To the aminer: On tha band mer	e best of pasis of a nner stet	axaminetion	ige, deeth and/or inv	occurred astigation	et tha ti n, in my o	ima, date er opinion, dea	nd plece, ath occur	and due to th red et the time	e cause(s e, date sn	s) and mai id place, a	nner es st ind dua to	eted. tha caus	a(s)	
	To the within 2 Comple	Σ	29b. Signature end	d titla of certifier	the -	Sa	Allm	an I	200	D02	se number 404				ete signed			7)	
			30. Nama and add Albert H							#20	00 Si1	.ver	Spring	MD	2090	1			
	Sta Registr		31. Deta filed (Mor		32	Registrar	's Signatura	E1	Badel	2.			<u> </u>						
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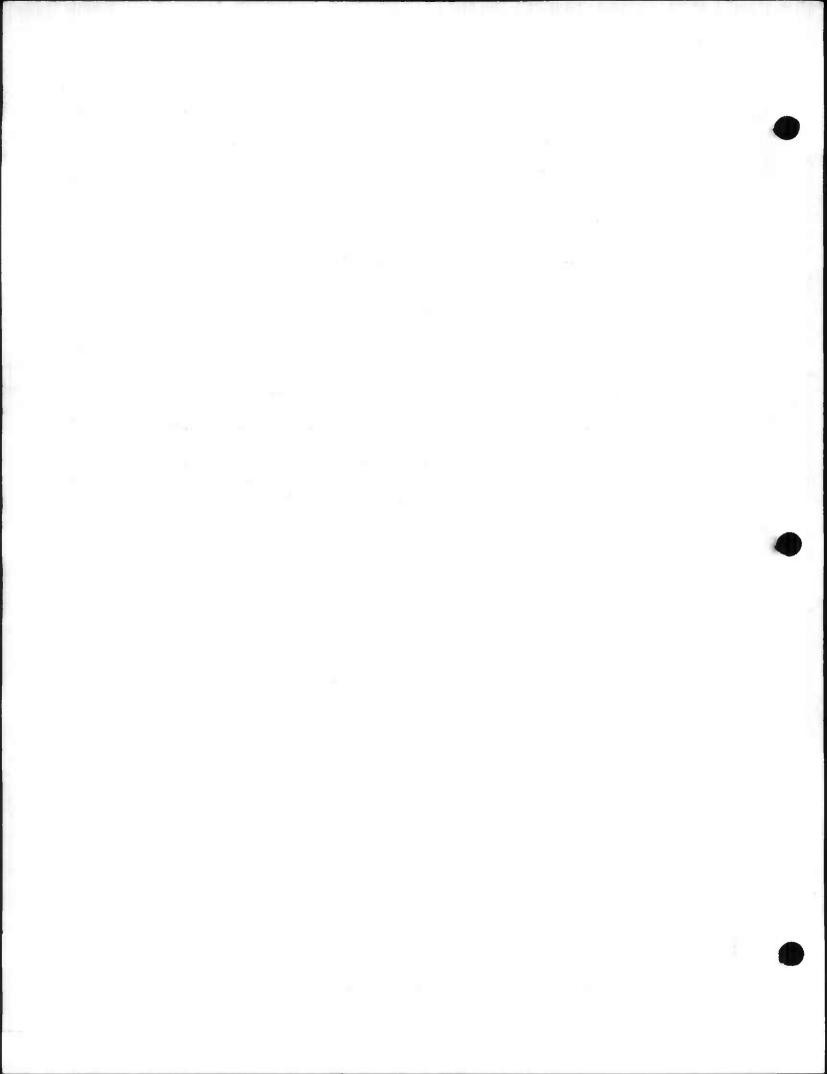
State of Maryland / Department of Health and Mental Hygiene

9023 Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Deeth 3. Time of Death **Physician** Month Yeer Alvin Lee Jacobs June 1997 /Medicai 10, 6:30 PM 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 10404 Clinton Avenue Silver Spring Montgomery If Under 1 Year If Under 24 Hrs. Months Days Hours Min. Nov 30, 193 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 X M 2 □ F 212-30-9559 Yrs. Director 66 1930 Washington, DC Usual Residence of Deceden death with the Meryland permit. Pages 1 end 2 should be filed within 72 hours efter death with the Merylen Department of Health and Mental thygiene. Imprortant: If item 27 is marked other than "natural", or items 23e or 28e-7 show any Injury or rother traumatic event, its Medical Exportment in a log notified as any injury or other traumatic event, its Medical Exportment is no notified as 10a, State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Director Montgomery Silver Spring 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 10404 Clinton Avenue 20902 Funeral USA 12. Wes Decedent Ever in U,S.
Armed Forces?
1 K Yes 2 □ No
If Yes, Give
Year or Dates: 1951-55 Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Rece - American Indian, Black, White, etc. 1 Never Married 2XXMarried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 🖾 No Specify: White Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Elementery/Secondary (0-12) College (1-4or 5+) Graphics Design Artist 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Be Den Jacobs Mazie Wood 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Betty A. Jacobs 10404 Clinton Avenue, Silver Spring, MD 20902 20e. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State 1 NBurlal 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Parklawn Memorial Park 6/13/97 Rockville, MD 21. Signature @ Funeral Service Licensee 22. Name and Address of Fecility Francis J. Collins Funeral 500 University Blvd. West Home, Inc. Silver Spring, MD 20901 23e. Perty. Enter the disease or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fallure. List only one cause on each line. Approximete Interval Between Onset end Deeth **Physician** /Medical Immediate Cause (Final Stroke l hour diseese or condition resulting in death) Examiner Due to (or as e consequence of): Examiner **bunel-transit** that the death certificate be executed Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Lest Due to (or es e consequence of): P.O. Box 68760. Physician/Medicai the Due to (or as a consequence of): use es o Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by should be detec 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No Previous Strokes Division of Vital Records, by 24b. Were autopsy findings evallable prior to completion of cause of deeth? 24a. Was en eutopsy performed? Completed Atrial Fibrillation The law hes page 2 Longestive Heart Failure 1 Yes 2 No 1 ☐ Yes 2 No certificate To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director: After this certifical completely filled in by the funeral director. 25. Wes cese referred to medical Be 26. Piece of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 2 1 Yes 2 No Other: 4 Nursing Home 5 X Residence 6 □Other (Specify) 27. Menner of Death 28a. Date of Injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? Medical Certification: 1 Neturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Piace of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner es stated.

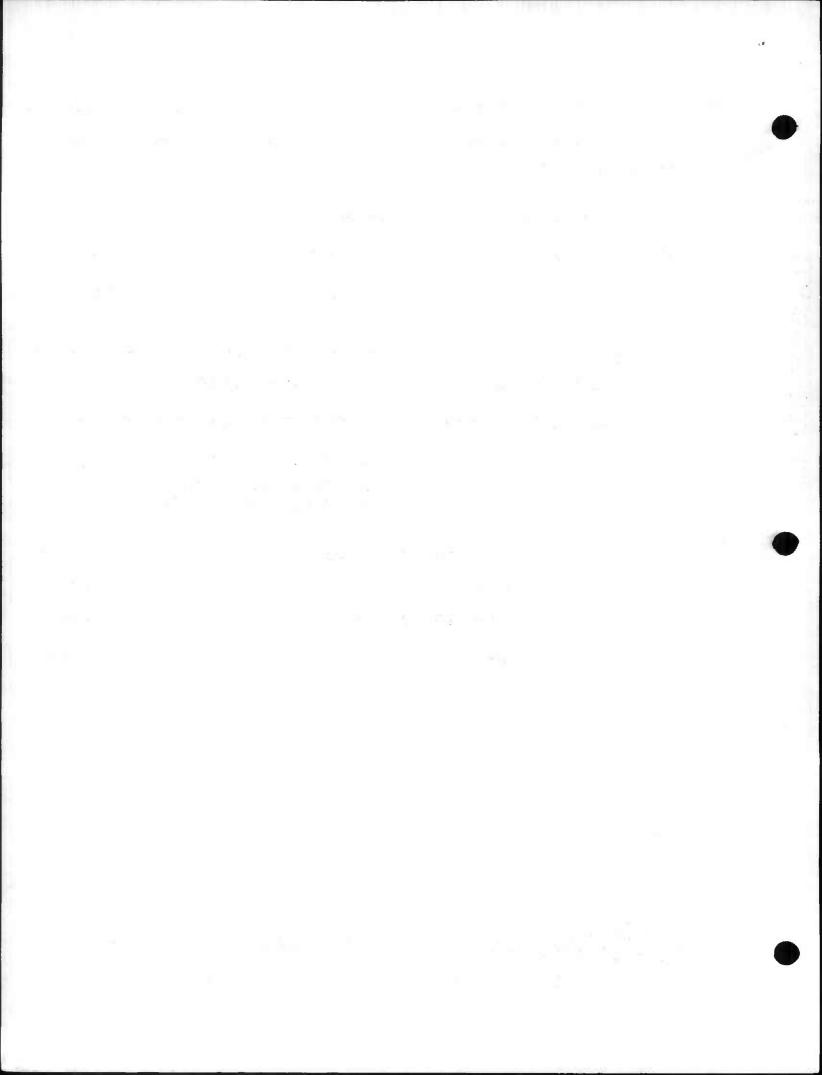
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, dete and place, and due to the ceuse(s) and manner stated. 29a. Certifier 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) D31839 June 11, 1997 30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print) Christopher L. Dunford 615 W. Montgomery Avenue Rockville, MD 31. Dete filed (Month, Dey Mar) 12. 1997 32. Registrare Signature January Language 1997 32. Registrare Signature State Registrar

DHMH 16 Ray 6/95



State of Maryland / Department of Health and Mental Hygiene Amend #10c; 6/13/97; BMW; Montg. Co. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** Alfred Rucker Johnson June 8 1997 11:45 PM /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Prince George Doctors Community Hospital Lanham 5. Social Security Number If Under 1 Year | If Under 24 Hrs. Birthplaca (State or Foreign Country)
 NY 7. Age (In yrs. lest birthday) **Funeral** Days Min 10K] M 2□ F 55 Yrs 578-54-9463 Director Usual Residence of Decedant 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits items 23s or 28s-f show iner must be notified at Greenbelt - Clen Burnie 1 X Yes 2 No MD Prince George Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 7720 Hanover Parkway 20772 United States Funeral 12. Was Decedent Ever in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indian, Btack, White, etc. Injury or other traumatic avent, the Medical Examiner 1 Yes 2 No If Yes, Give Yaar or Dates: 1 Never Married 2 Married ò **Black** 1 ☐ Yes 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced "natural", 15. Decedent's Education (Specify only highest grade completed) Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry al Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) Electronic Technician U S Postal Service 12th 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Pages 1 end 2 should be fill ment of Heelth and Mental Hant: If Item 27 is marked oth Sylvestia Rucker Preston T. Johnson, SR. 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Department of Health a Important: If item 27 Is any injury or other trace once. 7502 Woodhaven Court, Glen Burnie, MD 21060 Preston Johnson, Jr. - Brother 20e. Method of Disposition 20b. Ptaca of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 1 ☐ Burlal 2 25 Cremation 3 ☐ Removal from State Metropolitan crematory 6/12/97 Alexandria, VA 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerat Servica Licenses 22. Name and Address of Facility R. N. Horton Co. Morticians, Inc. 272 Storton 600 Kennedy Street, NW, DC, @0011 23a. Part1. Enter the disaasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heer failure. List only one ceuse on each lina. Approximata Intervat Between Onsat and Deeth **Physician** /Medical Immadiete Cause (Final disaasa or condition resulting to death) Cardio Respiratory Arrest 2 days **Examiner** Due to (or as a consequence of): Examiner Renal Failure unknown physician end s the buriel-transit Sequentially list conditions, if any, teading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting In death) Last Due to (or es e consequence of): Renal Cell Carcinoma unknown Physician/Medical Due to (or es a consequenca of): **USB 88** for use es Sepsis 2 days signed by the end of Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contributs to the cause of death? 1 Yas 2 No 3 Probably 4 Monknown by 24b. Were autopsy findings aveilable prior to completion of cause of death? 24e. Wes an eutopsy performed? Completed peeu hes 1 Yas 2 X No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Rasidence 6 Other (Specify) P 1 Yes 2 No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Dete of Injury (Month, Day Year) funeral 27. Manner of Deeth 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 5 Pending investigation 1 Naturat dean. 1 Tyes 2 □ No 2 Accident after deal Director 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homleide Hospital 24 hours a 29a. Certifier 1 Certifying Phyaician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner as stated. Medical 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end manner stated. 2 To the Within 2 To the 29b. Signalete and ble of certifier 29c. Licensa number 29d. Date signed (Month, Day, Year) 10 D30666 June 9. 1997 30. Name end address of person who completed cause of death (Item 23a) (Type, Print) John Bedeau, 12164 Central Avenue, Suite 200, Mitchellville, MD 32. Registras Stonature

Junia Davidson-Randste State



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** Month Juhn son 35 AM lune /Medical 4a. Facility Name (If not institution, give street and number) 7600 Cavrell Ave 4b. City, Town, or Location of Death **Examiner** WASHINGTON | Months Days Hours Min. | 8. Date of Birth (Month, Dey, Year) | May 26, 1943 montgomery ADVENTIST HOSPITAL 5. Social Sacurity Number 7. Age (In yrs. last birthday) Birthplace (State Foraign Country) **Funeral** 100M 20F Director 574-72-1326 Wash. Usual Residence of Decedent with the Maryland 10e. State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits traumatic event, the Madical Examiner must be notified at MD Director Montgomery Silver Spring 1 Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citlzen of What Country? 8 404 S. Hampton Drive 20903 238 U.S.A.

14. Race - Amarican Indian,
Black, White, etc. Funeral Нетв 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puarto Rican, etc.) permit. Pages 1 and 2 should be filed within 72 hours after to Department of Heelth and Mentel thygiene. Important: If Item 27 is marked other than "natural", or ther any injury or other traumatic event, the Magical Examination. 1 Naver Married 2 Married 1 ☐ Yes 2 No if Yes, Giva Yaar or Datas: Baltimore, Maryland 21215-0020 1 ☐ Yes 2X No Specify: Black by Specify: 3 ☐ Widowed 4 ☐ Divorcad Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) 12th College (1-4or 5+) Short Order Cook Restaurant 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Unknown Louise Teasley 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) Winifred Johnson (Wife) 404 S. Hampton Dr., Silver Spring, MD 20903 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Mathod of Disposition Date 20c. Location - City or Town, State 28 Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Harmony Mem. Park 6/13Landover, MD Signature of Funeral Service LA 22. Name and Address of Facility SNOWDEN FUNERAL HOME, ROCKVILLE, MD 20850 23a. Pert 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haart failure. List only one cause on each line. Approximate interval Between Onset and Death Physician /Medical immediate Cause (Finai disaasa or condition rasulting in death) Examiner Physician/Medical Examiner The lew requires that the death cartificate be axecuted the bunel-transit Sequantially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last P.O. Box 68760, Due to (or as a consequence of): should be detached for use es Part ii. Other significant condittona contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown Records, by Cower Long Pneumonia 24b. Were sutopsy findings available prior to completion of cause of death? Completed 24a. Wes an autopsy performed? this certificata 1 Yes 2 0 No 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician: 1 24 hours after death.
 Funeral Director: After this centifica letely filled in by the funeral director, p Be 25. Was cese referred in medical axaminer? 28. Place of Death (Check only ona) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Date of injury (Month, Day Year) 28b. Time of injury 28d. Describe how Injury occurred 28c. Injury at Work? 5 ☐ Pending investigation 1 Naturei 1 Yes 2 No 2 Accident Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 29e. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the ceuse(s) and manner as steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and placa, and due to the cause(s) and manner stated. Medical To the Hosp within 24 hou To the Fune completely fi 29d. Date signed (Month, Dey, Year) MO 6 d eddress of person who completed cause of death (Item 23a) (Type, Print) Ave, \$1250, takana PK, mo State Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amend 19b, 6/12/97, BMW, Montg. Co. Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death Month Dev **Physician** Year William 4, 1997 Α. June 8:00pm /Medical 4e. Fecility Name (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 11645 Lockwood Drive #203 Silver Spring Montgomery If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number If Under 1 Year 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 M 2 F Months Deys Yrs. 220-56-4160 47 Director Dec. 10,1949 Wash. DC Usuel Residence of Decedent the Maryland 10a. Stete 10b. County 10c. City. Town or Location 7 is marked other than "natural", or items 23a or 28a-f ahow traumetic event, ins Medical Examiner must be notified at 10d. Inside City Limits 1 ☐ Yes 2 ☑ No Director Maryland Montgomery Silver Spring 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 20905 USA 11645 Lockwood Drive #203 death Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ZNo If Yes, Give Yeer or Detes: Was Decadent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Black, White, etc. 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: Black P 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) nd Mental Hygiena. marked other than Elementary/Secondary (0-12) College (1-4or 5+) Driver Construction Company ent of Health and Mental Hy, t: If item 27 la marked and 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be Lorreter Burgurs William A. Jones 19e. Informant's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1884 Powhatan St. New Carrollton, MD 20784 Jennifer A. Smith (sister) 20b. Pleca of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremetion 3 Removel from Stete 4 Donation 5 Other (Specify) 0 permit. Page Department of Important: If any Injury or 6/10/97 Beltsville, MD Chesapeake Crematory 22. Name and Address of Facility
Pope Funeral Homes 21. Signeture of Funeral Service Licensee 11315 Lockwood Dr. Silver Spring, MD 20904 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause of each line. Approximete Intervel Between Onset and Deeth **Physician** /Medical Immediate Cause (Final 5 min. Sudden Cardiac Arrythmia- Primary V. Fib. diseese or condition resulting in deeth) Examiner Due to (or es a consequence of): 4 years End Stage Renal Disease the burial-transit The law requires that the death certificate be axecuted and Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting in deeth) Lest Due to (or es e consequenca of): 10 years Hypertension P.O. Box 68760. attending physician for use as the buria Physician/Medical Due to (or es e consequence of): ed by the a Pert tt. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown HIV Infection Records, þ 24b. Were eutopsy findings available prior to completion of cause of death? Completed 24a. Was en autopsy performed? peen page 2 s cartificate 1 Tyes 2 KNo 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this cardifica completely filled in by the funeral director, Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of Injury (Month, Day Year) 27. Menner of Death 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide edicai 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, and due to the cause(s) end manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29a. Certifier (Check only one)

29c. License number

D21340

29d. Dete signed (Month, Dey, Year)

June 11 1997

State Registrar

Z

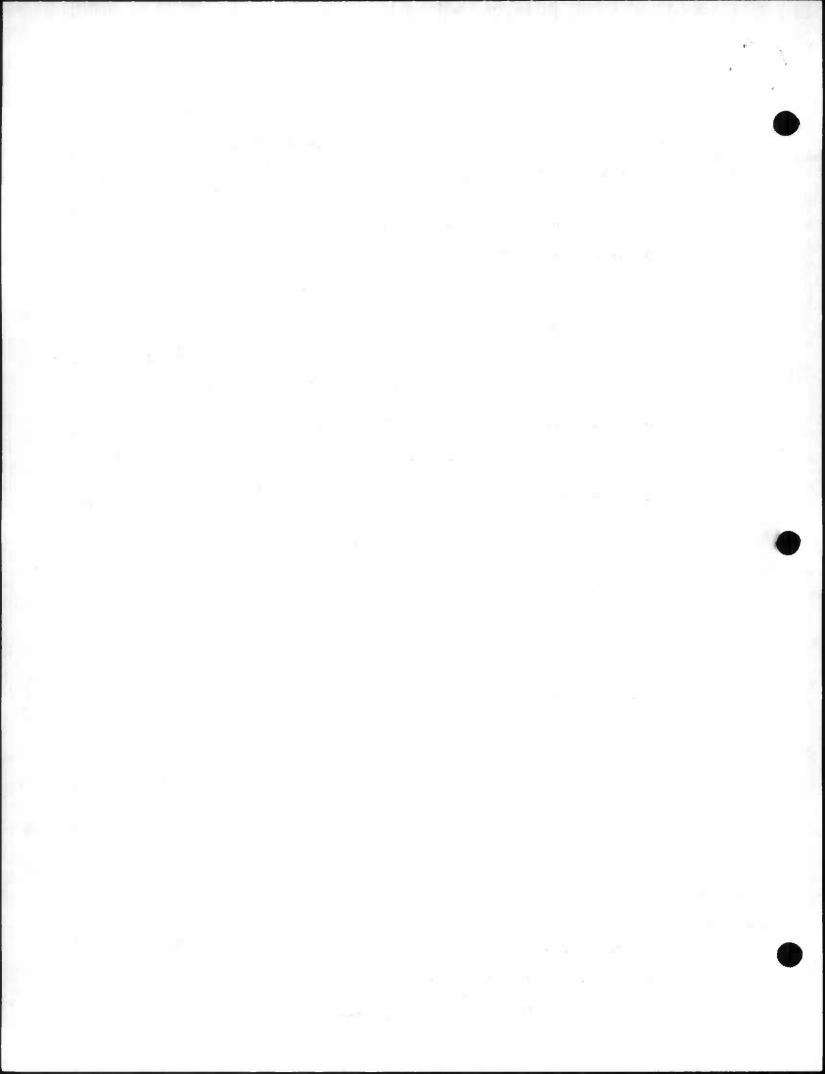
Division of Vital

31. Dete filed (Month, Day, Year)

JUN 1 1 1997 June Navidson-Rinds **DHMH 16 Rev 6/95**

29b. Signeture and title of certifier

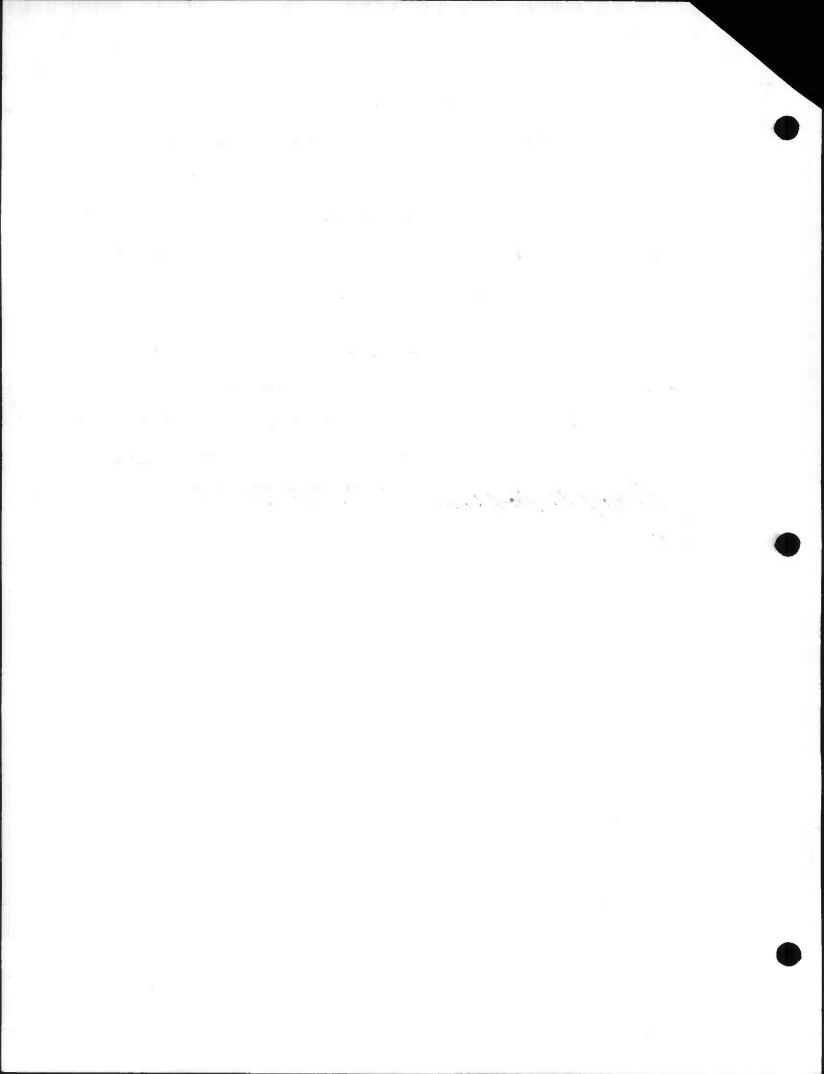
30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) Raymond Bass 3941 Ferrara Dr. Wheaton, MD 20906



State of Maryland / Department of Health and Mental Hygiene 97 19027

Certificate of Death

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xamine		e. Fecility Neme (If not institution				4b. City, Town, or						
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neral ector		Social Security Number 056-22-4060	6. Sex 7. Age (i	In yrs. last birthd 92 Yrs			8. Dete of Bir (Month, De March	th y, Year) 28, 1905	9. Birthplece (Stete Georgia	or Foreig		
_	-	Jsuel Residence of Decedent 10e. Stete 10b. County	1	Oc. City, Town o	r Location				10d. inside (City Limit		
a pa	6	· ·		Washin	gton, D.C	•				s 2 N		
notify a	Director	De. Street end Number			10f. Zip Code			10g. Citizen of W	het Country?			
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iner must be notified at	Funeral	1. Meritel Status 1 Never Married 2 Marr	12. Wes Decedent Eve Armed Forces?	er in U,S.	13. Was Decedent of If Yes, specify Cu	Hispenic Origin? (ben, Mexican, Pue	Specify Yes or Norto Rican, etc.)	Bieck	- American Indien, k, White, etc.			
Trail I	à	3 X Widowed 4 □ Divorced	If Yes, Give Yeer or Detes:		1 ☐ Yes 2 🛣 No	Specify:		Specify:	Black			
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		19e. Informent's Neme/Reletions			leiling Address (Street					000		
100		June M. Taylor			49 N. Por					200		
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in in	L	4 Donetion 5 Other (S	pecify)	Friend	ls Cemeter	J	6/14/97		ry, New Yo	ork		
8		21. Signature of Funeral Service	Licensee		22. Name end Add McGuire F	ress of Fecility	ervice	Inc				
8	+	Henry o	4. Dolle	no	7400 Geor	gia Ave.	N.W., W	ashington	n, D.C.	2001		
	7	3a. Pert1. Enter the disease, or shock, or heert failure. List	complications that caused the	e deeth. Do not					Approxime Intervei Be	ete		
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cal		Immediate Cause (Final disease or condition	Resid	ixato	w fo	rilline.			Sw	dde		
ner		resulting in death)	DI DI	e to (or es e cor	nsequence of):				da			
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E	Examiner	Sequentially list conditions. Due to (or es e consequence of):										
		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury										
II.	3ica	that initiated events resulting in death) Last	Du	e to (or es e cor	nsequence of);					0		
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an in use	8		d Colon	not you thing In th			23b DId	tahanna waa nan	tribute to the cause	of deat		
hvelelen	ysicie	Part II. Other significant condition	ons contributing to death but	not resulting in th					atributa to the cause	/		
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De dellached for	D.		ons contributing to death but a	not resulting in th			1 🗆	Yes 2□ No	3 Probably 4 2 24b. Were eutopsy	Unkno y findings		
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hy Dhyeleia	D.		ens contributing to death but	not resulting in th			1 □ 24e. Wes perf	Yes 2□ No sen eutopsy ormed?	24b. Were eutops eveileble prior completion of deeth?	Unknowy findings or to f cause		
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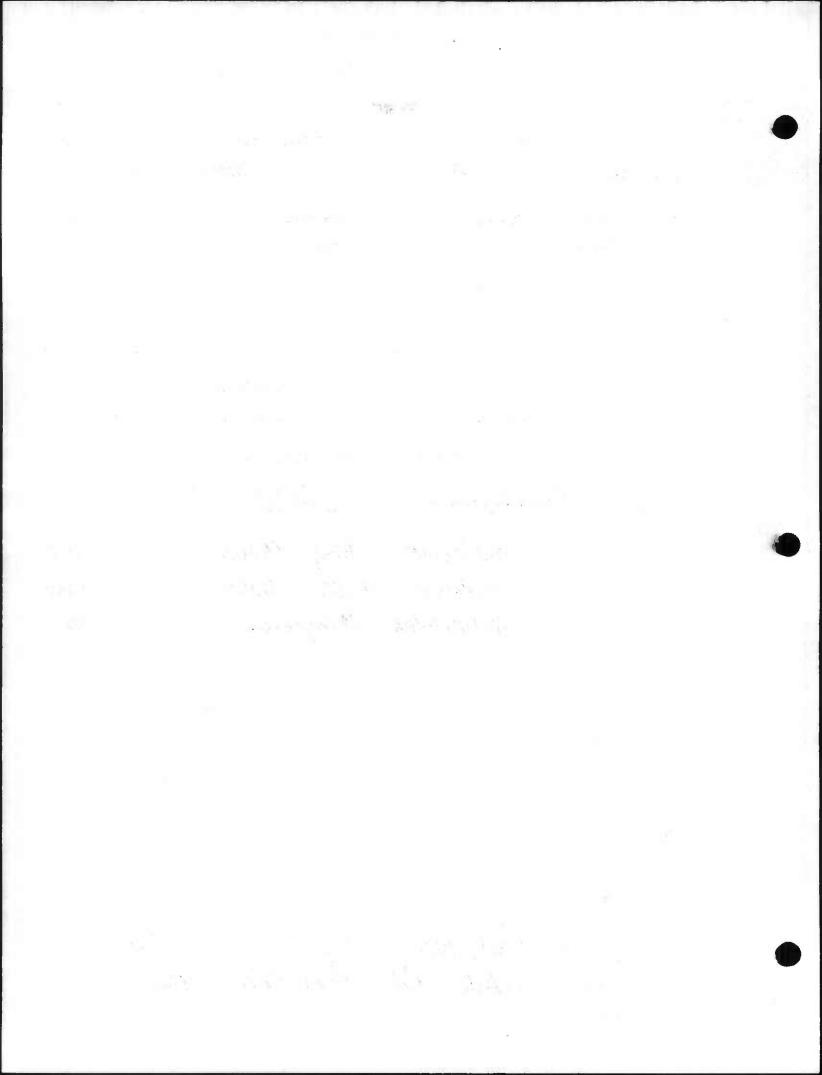
State of Maryland / Department of Health and Mental Hygiene 97 | 9028

					entificate of	Death		Reg. No.		
	Physic /Medi		1. Decedant's Nama (First, Middle, Last) ARTHUR F.		JENSE	N	2. Data of De Month JUNE	Day	Year 3:05 AM	
	Examir Funeral Director		292-10-4596 XDM 2□F 88	(In yrs. last birtho	Months Day	EAST	s. 8. Data of Bir	th ly, Year)	of Death ALBOT 9. Birthplaca (Stata or Foreign Country) MAINE	
	deeth with the Maryland ma 23a or 28a-f show must be notified at	ctor	Usual Rasidance of Decedant 10a. Stata 10b. County MD TALBOT	10c. City, Town o	EASTON				10d. inside City Limits Was 2□No	
	10 PO 20 PO	Director	10e. Street and Number		10f. Zip Coda			10g. Citizan of W	Vhaf Country?	
	a 23a	eral	7166 LAUREN LANE #701		216			US.		
Maryland 21215-0020	n 72 hours after deeth with the Marylar "natural", or Nema 23s or 28s-f show edical Examiner must be notified at	by Funeral	11. Marital Status 1 □ Nevar Married 2 □ Married 1 □ Nevar Married 2 □ Married 3 □ Widowed 4 □ Divorced 12. Was Decedant Evarament Forcas? 1 □ Yas 2 □ No If Yes, Giva Yaar or Datas:	rar in U,S.	13. Was Decedant of if Yas, specify Cu 1 ☐ Yas 2 N		specify Yas of No into Rican, atc.)	Specify.	a - American Indian, k, Whita, atc. WHITE	
5-0	72 ho	eted	15. Decedent's Education (Specify only highast grada completed)	(0	ecedent's Usuai Occ Giva kind of work don	a during most of w	orking	16b. Kind of Bu	sinass/Industry	
121	within than	Completed	Elementary/Secondary (0-12) College (1-4or 5+)	fa. DO NOT usa reti	red)		CMBBI		
9	TO 100 hr 100	Be Co	17. Father's Nama (First, Middla, Last)	SIR	UCTURAL		K ama (First, Middla	STEEL , Maidan Sumami	a)	
/lan	should be and Mental marked of umartic eve	To B	GUSTAV JENSEN			ANN	A BJORK			
Baltimore, Mar	nd 2 zr lith e		19a. Informant's Name/Raiationship (Type, Print) TED JENSEN /SON				umber, City or Town, Stata, Zip Code) VILLE, MD 21228-511			
				CHÉSAPI	isposition (Nama of crematory or other b EAKE CRE L.L.C. 22. Nama and Add		20c. Location - City or Town, State 97 CHESTER, MD			
Baltin	permit. Peger Department of Important: If i any injury or once.		FUNERAL HOM							
	Physician /Medical Examiner		23a. Part1. Enter tha disaasa, or complications that caused the shock, or heart failure. List only one causa on aach lina timmediata Cause (Final diseasa or condition rasulting in death)	ha death. Do not i.	e Perc	ying, such as cardi	ac or raspiratory a	rrest,	Approximate Interval Between Onset and Death	
		je.	740	tue to (or as a col	nsequence of):				Zyean	
ó.	icate be executed physician and s the buriel-transit	Examiner	if any, leading to immediate cause. Enter Underlying	ua fo (or as a cor	nsequanca of):					
ox 68760,	certif nding use a	in/Medical	Cause (Disease or infjury that initiated avants rasulting in daeth) Last Dua to (or as a consequence of): d							
Ö.	a death he atter	Physiciar	Part ii. Other eignificant conditions contributing to death but	not resulting in the	na undarlying causa	givan in Part i.	23b. Did	tobacco use con	ntribute to the cause of death?	
s, P.O.	requires that the death been signed by the atte should be detached for	by Phy	Right love boly	¿ Me	umm		Yee 2 No 3 Probably 4 Unknown			
Division of Vital Records,	S 00 CA	Completed I	1840 Will comy	elet He	an Block) E		an eutopsy ormed?	24b. Were autopsy findings available prior to complation of causa of death?	
E R		Con					10	Yas 2□Wo	1 ☐ Yas 2 ☐ No	
VIII.	stelan: The certificate irector, pag	Be	25. Was casa rafarred to medical axaminar? Hospital:		10	Wher:	eath (Check only			
ō	Attending Physician: or death. octor: After this certific by the funeral director,	: To	27. Manner of Death 28a. Data of injury	t 2 ☐ ER/Outpe	atient 3LI DOA	4 M Nursing	Homa 5 Rasi	dance 6 Doths how injury occurr		
<u>o</u>	utending death. ctor: Afte y the fun	atlor	1 √Natural 5 ☐ Panding (Month, Day 1 2 ☐ Accidant invastigation	Year) inju		ork? □Yas 2□No				
Divis	P aff	Certification:	3 ☐ Suicida 4 ☐ Homicida 6 ☐ Could not be datarminad 28a. Place of injury building, atc.		, street, factory, offic	е	28f. Location (City or To		er or Rural Routa Number,	
	To the Hospital or Attending Phwithin 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edical	29e. Certifiar (Check only one) Certifying Physician: To the best of and mannar state	xamination and/o	leath occurred at the or investigation, in my	time, dete and pier opinion, deeth oc	ce, and due to the curred at the time,	cause(s) end ma date end piece, a	nner es stated. and dua to tha ceuse(s)	
	To the To the Complex	W	29b. Signatura and title of certifiar William Hweb	d D1	120	068715		29d. Dafa signed	(Month, Day, Year)	
			30. Neme end eddrass of person who completed causa of daa							
	Sta	te	WILLIAM H. WOOD, JR., M. 31. Data filed (Month, Dey, Year) 32. Registrar	D., 50)6 IDLEW	ILD AVE	NUE, EA	STON, 1	4D 21601	
	Registr		JUN 1 1 1997	's Signatura	Pindelle					

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month **Physician** ^{Dey} 1997 JOAN June 5, JONSEN 8:40 pm /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner 516 Bathurst Road Catonsville Baltimore County If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth 9. Birthplece (State or Foreign Months Deys Hours Min. September 8, 1930 County 1 and 5. Sociel Security Number 7. Age (In yrs. lest birthdey) **Funeral** Months 1□ M 75 F 66 Yrs. Director 218-26-0263 Usuel Residence of Decedent with the Marylend 10e Stete 10h County 10c. City. Town or Location 10d. Inside City Limits 28a-f show must be notified at Yes 2 No Director Maryland Worcester County Ocean City 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 505 Yawl Drive 21842 USA Funeral Hems 11 Maritel Stetus 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. the Medical Examiner filed within 72 hours after 1 ☐ Yes 2 M No If Yes, Give Yeer or Detes: 1 ☐ Never Married 2☐ Merried 21215-0020 ō 1 ☐ Yes 2 HO Specify: white Completed by 3 ☐ Widowed 4 ☐ Divorced natural 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry I Hygiane. Elementery/Secondery (0-12) College (1-4or 5+) Clerk Dept. of Motor Vehicles Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) . Peges 1 and 2 should be filt iment of Haaith end Mental H tant: If Item 27 is marked oth Be George Birx Geneiveve Mason 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informent's Neme/Relationship (Type, Print) Mr. Edwin Don Jonsen/spouse 505 Yawl Drive, Ocean City, Maryland 21842 other 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete Depertment of Important: If It any injury or o 1 ☐ Buriel 2X Cremetion 3 ☐ Removal from State Baltimore Washington Crematory Laurel, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility Slack Funeral Home, P.A. 23a. Perty Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart feiture. List only one cause on each line. Approximate **Physician** /Medical Immediate Ceuse (Finel disease or condition resulting in deeth) **Examiner** Physician/Medical Examiner Tha law requires thet the death certificeta be axecuted bunal-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Last P.O. Box 68760. physician the USB BS for Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? ata has been signed by pege 2 should be detac Yes 2 No 3 Probably 4 Unknown Records, by Completed 24a. Wes en eutopsy performed? 24b. Were eutopsy findings eveileble prior to completion of cause of death? 1 ☐ Yes 2 No After this certificata Division of Vital or Attending Physician: 25. Wes case referred to medical Be 26. Plece of Deeth (Check only one) examiner? Hospitei: 1 ☐ Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 20 No 2 ER/Outpetient 3 DOA 1 Yes tha lunaral 28e. Date of Injury (Month, Day Year) 27. Menner of Deeth Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 1 Neturel 2 Accident 5 Pending investigation 1 ☐ Yes To the Hospital or Attendi within 24 hours aftar daath. To the Funeral Director: A 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide Medical 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end piace, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner stated. 29a. Certifier complataly (Check only one) 29b. Signature and title of bertifie 29c. License number 29d. Dete signed (Month, Day, Year) 30. Name and add 0 600 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture State Registrar Devoleor Randa

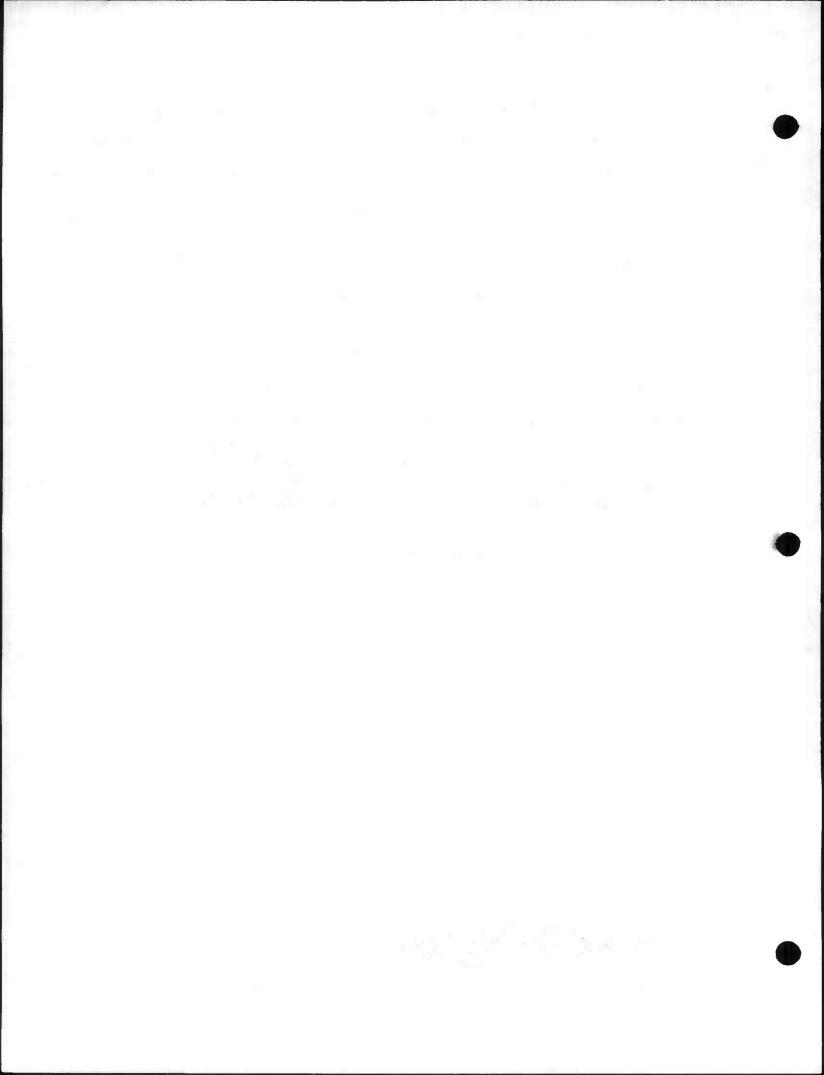
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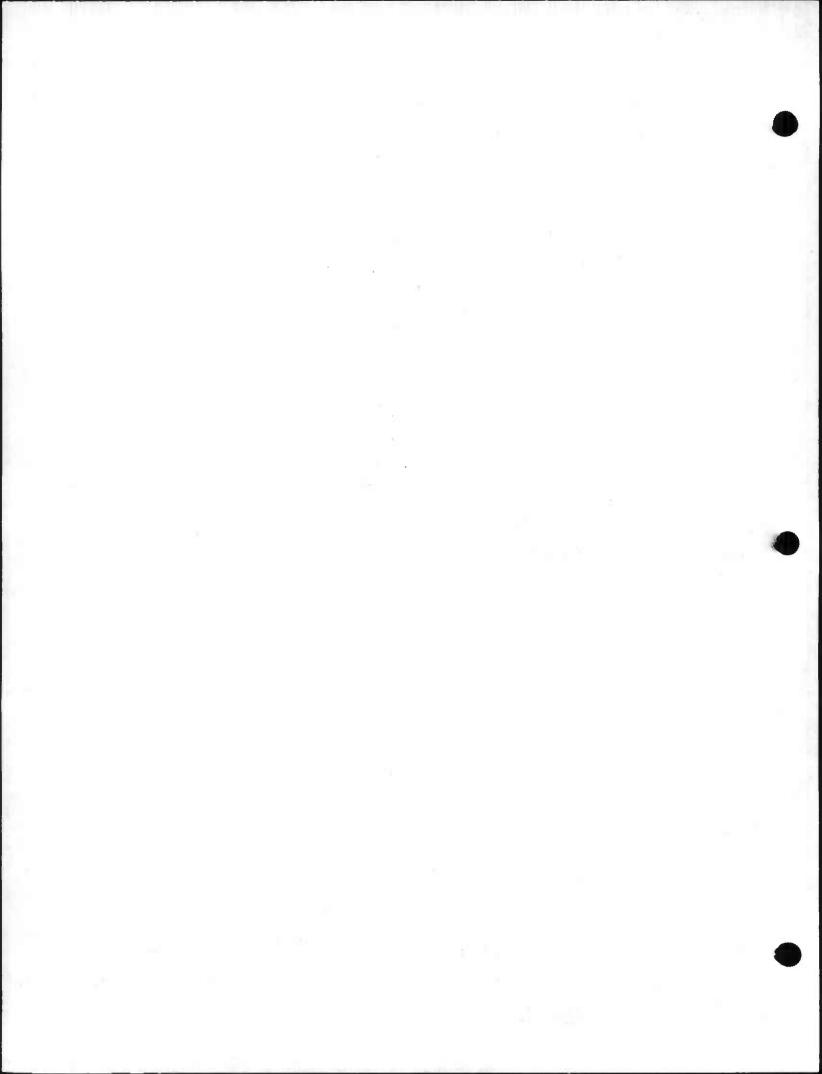
						Cei	tificate of	Death			Reg. No.	,	10000	
Die	ololi		1. Decedant's Nama (First, Middla,	Last)						2. Dala of Dea	ath Day	Yaer	3. Tima of Death	
	nysicia Medic			Margaret	C. Ka	lina				June	9, 199		11:15 AM	
	kamin		4a. Facility Nama (If not institution,	giva street and numbe	er)			4b. City, To	wn, or Lo	cation of Death	4c. County	of Death		
			Potomac Valley	Nursing Co	enter			Ro	ckvi.	11e	Mor	tgom	ery	
102	nerai			5. Sax 7. / 1 □ M 2 ☑ F	Aga (In yrs. k		If Undar 1 Yaar Months Days		24 Hrs. Min.	8. Dala of Birt (Month, Da)	h v, Year)	9. Birthp	aca (Stata or Foreign	
Dire	ector		013-34-8339	10 W 2001	93	Yrs.				Sept.	19,1903	Czec	h Republic	
and	-		Usual Rasidance of Decadant 10a. Stata 10b. County		10c. City	, Town or Lo	cation					1	0d. Inside City Limits	
se Many	titleds	Director		dlesex		Camb	oridge					1 ☑ Yas 2 ☐ No		
£ 6	20 00	D	10e. Street and Number				10f. Zip Coda				10g. Citizen of W	hat Coun	try?	
ath v	Nat.	E	37 Langdon Stre					2138			United	Sta	tes	
er de	1967	Funeral	11. Mariial Status	12. Was Decedar Armad Forcas	s?	5. 13. V	Was Dacedant of Yas, specify Cut	Hispanic Ori ban, Maxican	gin? (Spe	ecify Yas or No- Rican, atc.)	14. Race Black	- Amaric , Whita,	an Indian, atc.	
Baltimore, Maryland 21215-0020 permit. Peges 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Heelth and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23s or 28s-1 ehow	Exami	by	1 ☐ Navar Marriad 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	d 1 ☐ Yas 2 页 if Yas, Giva Yaar or Datas		1 ☐ Yas 2 ☒ No Specify:					Specify:	Whi	.te	
72 h	dical	Completed	15. Decedant's (Specify only highast)	Education grada completed)		16a. Deced	lent's Usual Occu kind of work dona	pation during mos	t of worki	na	16b. Kind of Bu	siness/Inc	lustry	
24 in in in in in in in in in in in in in	룆	흔	Eiamentary/Secondary (0-12)	Collega (1-4o	or 5+)	lifa. L	OO NOT use retire	ed)	COI WOTAL					
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De fi	900	Be	17. Fathar's Nama (First, Middle, La	,							Maidan Sumam	1)		
Wen warke	mic	2	Charles Coufa							dehnal				
ore, Mai s 1 end 2 sh of Heelth end item 27 is m	ar traun		19a. Informant's Name/Relationship (Type, Print) Charles R. Kalina/Son 19b. Malting Addrass (Street and Number or Rural Routa Num 4912 Sunflower Drive, Rockvi											
Dre ss 1.0	oth		20a. Mathod of Disposition		0.0	ace of Dispo	sition (Nama of natory or other pla	ace) Tune	11	Pata 1997	20c. Location -	City or To	wn, Stata	
Peg nent	o Au		1 ☐ Burial 2 ☒ Cramation 3 4 ☐ Donation 5 ☐ Othar (Spe				y Crema				Bethesd	a, Ma	aryland	
Baltimore, semit. Peges 1 er Department of Hee mportent: If item?	any inju		21. Signatura of Funaral Sarvica Lic	cansaa		R 0	Nama and Addr	ass of Facilit	Yev	Funeral	Home / R	ckwi	lle, Inc.	
o 88 <u>E</u>	e 9		Round, 70	end	M001		300 West Rockvil	Mont	gome	ry Ayen	ue En 2005	CKVI	ite, inc.	
***			23a. Part1. Entar the / isaasa, or co shock, or haar ailura. List on	omplications that caus			ar tha moda of dy	ing, such as	cardiac o	r raspiratory ar	rast,		Approximata	
Physic	cian		STOOK, OF FRANCISCO. LIST OF	ny ona causa on aach	i iii ia.							-	Intarvat Batween Onset and Death	
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ox 68760, certificate be executed ding physician and	use es the buriel-transit	Examiner	Saquantially list conditions, if any, leading to immadiata causa. Entar Undarlying	0.	Dua to (or	as a conseq	uance of):					t		
68760, ificate be ex	ng e	cal	that initiated evants	c	Dua to (or	as a consequ	uance of):							
68 tifical	98 th	v/Medical	rasulting in death) Last											
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.O. Both the death by the etter	be deteched for u	Physicia	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributions.									tribute to	the cause of death?	
P.O.	stech	h	agrinous continuous contributing to usual out not resulting in the underlying cause given in Part I.							101	ebly 4 🖾 Unknown			
I Records, P The law requires that ste hes been signed b	pe de	by												
cord require	should									24a. Was	an autopsy mad?	24b. Wa	ra eutopsy findings illabla prior to	
aw r	2 sh	ble								pono		cor	npletion of causa death?	
The lay	page	Completed								101	as 2 🗓 No	10	Yas 2\ No	
	jor, g	Bec	25. Was casa rafarred to medical					26. Placa	of Daath	(Check only o	ne)			
of V nysici	director,	2	examinar? 1 ☐ Yas 2⊠ No	Hospital:	itiant 2 E	R/Outpalien	3 DOA	har			lanca 6 Otha	r (Specify	•)	
g Ph	neral		27. Manner of Death	28a. Date of In	njury	28b. Tima of Injury	28c. Inju		- 1		ow injury occurre		,	
ath.	in er	atic	1 ☑Natural 5 ☐ Panding 2 ☐ Accident Invastigat		July 10a7	injury		Yes 2 1	No					
Division of Vital Records, for attending Physician: The law requires the effer death. Director: After this certificate has been signe	in by th	Certification:	3 Suicide 6 Could not detarmine	ad 286. Place of t	tnjury - At hor etc. (Specify)	me, farm, stra	aat, factory, office		2	28f. Location (S City or Tow	itraat and Numbern, Stata)	r or Rura	Routa Number,	
pital prus	Pell		20a Cariffica (CE publication)					- A						
Division of To the Hospital or Attending Phys within 24 hours after death. To the Funeral Director: After this	pletely	edical	29a. Certifier (Check only one) 1 ☑ CertifyIng I 2 ☐ Medicat Ex	Physicien: To the bes aminer: On the basis and manner:	of axamination	riedge, death on and/or inv	estigation, in my	ima, data ani opinion, deal	d place, a th occurre	and dua to tha code at the time, co	ausa(s) and mar date end place, a	ner as st nd due to	ated. the cause(s)	
Vith To the	COM	100	29b. Signatura and Was Country	201	. 1		29c. Lican			:	29d. Data signed			
10			Model	291	4/1	ny	D01	120			June 9	, 199	97	
			30. Nama and address of person wh	o complete cause of	with (Itam	23a) (Type, I	Print)							
			Walter E. Goozh,	M.D. 129	99 Lam	berton	Drive,	Silve	r Sp	ring, M	aryland	209	02	
	Stat	e	31. Data filed (Month, Day UN1	9 190782. Regis	sultrusignent fulla Da	bre 5	D d. 00							
Re	gistra	ar		0	1-10-10	-Intala-	Coultre P							

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State of Maryland / Department of Health and Mental Hygiene 97 | 903 |

			(Certificate of	f Death		Reg. No.			
21	1. Decedent's Name (First, Middle, Las					2. Date of Dea	ath		3. Time of Death	
Physician /Medical	#19/07/0 11/. PDD907				Month Su v	Day Year		10: 5		
Examiner	4a. Facility Name (If not institution, give	street and number)			4b. City, Town, or	Location of Death	4c. County		.0 6	
	Montgomery Genera	1 Hospital			Olney	7	Mont	gomen	ru	
uneral	5. Social Security Number 6. Se	ox 7. Age (In yr.	s. last birth	day) If Under 1 Yea	r if Under 24 Hr	8. Date of Birt			lace (State or Foreig try)	
rector	218-27-1345 Usuai Residence of Decedent	X 2 F 18	Yı	Months Days	s Hours Min	Aug. 27	, 1978	Virg	ginia	
MON W	10a. State 10b. County	10c. C	ity, Town	or Location				1	Od. Inside City Limit	
가 한	Maryland Howard	Į.	lest 1	Friendship				1 □ Yes 2 □ No		
be nothled Director	10e. Street and Number			10f. Zip Code		10g. Citizen of What Country?				
23a C	12790 Route 144			217	94		United	Stat	- 05	
ther must	11. Manitel Stetus	12. Was Decadent Ever in Armed Forces?	U,S.	13. Was Decedent of	Hispanic Orlgin? (Specify Yes or No-	14. Rac	e - Americ	an tndian,	
		1 ☐ Yes 2 ☑ No			ban, Mexican, Puè	(to Micen, etc.)		ck, White,	etc.	
Eng.		If Yes, Give Tyear or Detes:		1 ☐ Yes 2 🂢 No	Specify:		Specify	. Wh	ite	
ted for	15. Decedent's Edu (Specify only highest grad	ucetion	16e. D	ecedent's Usuel Occu	pation	and a face of	16b. Kind of Bi	usiness/ind	lustry	
t, the Medical	Elementary/Secondary (0-12)	College (1-4or 5+)	7	Give kind of work done fe. DO NOT use retir	ad)	n King				
	12			Waiter			Restaur	ant		
event, ii	17. Father's Name (First, Middle, Last)				18. Mother's Na	me (First, Middle,	Maiden Suman	10)		
To stic	Howard Kenyon				Kath1e	een K	eeley			
is me	19a. Informant's Name/Relationship (T	ype, Print)	19b. N	Mailing Address (Stree	et and Number or R	ural Route Numbe	r, City or Town,	Stete, Zip	Code)	
lant: If item 27 is lury or other tra	Howard Kenyon, f	ather	127	790 Route	144, West	Friends	hip, MD	217	794	
e fe	20a. Method of Disposition		Piace of Dicemetery.	isposition (Name of cremetory or other pl	ace)	Date	20c. Location -	City or To	wn, State	
any injury or	1 Buria 2 X Cremation 3 F 4 Dogation 5 Other (Specify)			olitan Cre	·	June 4, 1997	Alexand	lria	Virginia	
를	21. Signature of Funeral Seguer Elgens		CLOP	22. Name and Addi						
any ir	1 House to	-4.		10 5 . 5			Funeral			
	23a. Part1 Enter the disease, or composition, or heart failute. List only o	lications that caused the dea	ath Dono	10 East D				irg, M	Approximate	
physicien and strength the bunel-transit edical Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	b		rsequence of):						
N Se as	that initiated events resulting in death) Last Due to (or as a consequence of): d.									
hed for	Part II. Other significant conditions cor	ntributing to death but not re	euiting in th	o underwing source of	hen in Bart I	20h Did to	h		the cause of death	
, a	Tarti. Oliver eigninount oenenone con	introduing to death but not re	suiting in ti	ie underlying cease g	wen in Fait I.	1 \(\tau \)	1		ably 4 Unknow	
d be det							2 2 190	3 - 100	abiy 4 dikilor	
should b		100				24e. Was e			re sutopsy findings	
2 shoul						perfor	meur	con	ilable prior to appletion of cause leath?	
page 2 should						1 U Y	es 2 200		Yes 22No	
rector, pag	25. Was cese referred to medical				OR Diseased Da				res zurno	
I director.	examiner?	Hospital: 1 ☐ Inpatient	FOIO	atient 3 DOA	her:	ath (Check only or				
g	27. Manner of Death	28a. Date of Injury	28b. Tim			lome 5 ☐ Reside)	
10 P	1 □ Natural 5 □ Pending investigation	(Month, Day Year) June 3, 1997	Inju	ry Wo	ork?]Yes 2y[No	Hanging				
Fice of	3 Suicide 6 □ Could not be	28e. Plece of Injury - At h	ome, farm			28f. Location (S		er or Rural	Route Number.	
ed in by the funera Certification:	4 Homicide	Friend's Hot	ify)			City or Town		ath	Glen Elg,	
al C	29a. Certifier 1 Cartifying Physic (Check only one)	sician: To the best of my knowner: On the basis of examinating and manner stated.	owiedge, d	eath occurred et the t r Investigation, in my	ime, date end plece opinion, death occu	and due to the c	ause(s) end me	nner es sta	ated. MD	
dic dic		and mainer stated.		00.11		2	9d. Date signed	d Adamsh C		
ompletely fill	29b. Signeture and title of certifier			29c. Licen	se number			a avionin i	lav. Yeari	
completely filled in by the fune Medical Certification	29b. Signeture and title of certifier			29c. Licen	SE NUMBER	(Su. Date signed	i (Month, L	Pay, Year)	
	1 Dole	Saulu	V~5) Do	65 H	<u> </u>	So Date signed	e :	3 97	
completely filled in b	29b. Signeture and title of certifier 30. Name and eddress of person who co	mpleted cause of death (Ite	m 23a) (Ty	pe, Print)	65 4 0.5C	<u> </u>) com-	e :	3 97 nd	



State of Maryland / Department of Health and Mental Hygiene

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	- 1	1	U	U	6

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month **Physician** William Henderson Kirvan, Sr. June 6, 1997 10:45 AM /Medical 4a. Facility Nama (If not institution, giva street and numbar) 4b. City, Town, or Location of Death 4c. County of Death Examiner 6744 Hillandale Road Chevy Chase Montgomery If Undar 1 Yaar If Undar 24 Hrs. 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplace (Stata or Foreign Country) **Funeral** Days Hours 1 XM 2 ☐ F Yrs 224-52-6682 89 Director December 31,1907 Maine Usuai Rasidanca of Decedent with the Maryland 10a, Stata 10c. City, Town or Location r 28a-f show 10b. County 10d. Inside City Limits 1 ☐ Yas 2 No Director Maryland Montgomery Chevy Chase 10e. Street and Number 10f. Zip Coda 10g Citizen of What Country? 7 is marked other than "natural", or items 23a or traumatic event, the Medical Examiner must be a 6744 Hillandale Road 20815 United States permit. Peges 1 and 2 should be filed within 72 hours after death begattment of Health and Mentel Hygiene. Important: If item 27 is marked other than "natural", or items 23 any injury or other traumatic event, if a Medical Example Install. Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 14. Race - American Indian, Black, Whita, atc. 13. Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11 Marital Status 1 X Yas 2 No 1930 — If Yas, Giva Yaar or Dates: 1960 1 Nevar Married 2 N Married altimore, Maryland 21215-0020 1 Yas 2 No White Specify Š 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) 5+ Officer United States Navy 17. Fathar's Nema (First, Middla, Last) 18. Mothar's Nema (First, Middla, Maiden Sumama) Be Bruce Kirvan Gertrude Kailer 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Rita R. Kirvan/Wife 6744 Hillandale Road, Chevy Chase, Maryland 20815 20b. Place of Disposition (Nama of cematary, cramatory or other place) June 17, 1997 20e. Mathod of Disposition 20c. Location - City or Town, Stata 1 X Burial 2 Cramation 3 Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Arlington National Cemetery Arlington, Virginia 22. Nama and Addrass of Facility Robert A. Pumphrey Funeral Home/Bethesda—Chevy Chase, Inc. any in Chero M00846 7557 Wisconsin Avenue, Bethesda, Maryland 20814-3501 Ma be that caused tha death. Do not antar the mode of dying, such as cardiac or respiratory arrest, on each line. 23a. Part1. Enter the disease, Approximata Intarval Batween Onsat and Death **Physician** /Medical Immediata Causa (Final disaasa or condition resulting in daath) Cardiopulmonary Arrest 5 Minutes Examiner Dua to (or as e consequence of) Examiner Pneumonitis 3 Days law requires that the deeth certificate be executed physician and s the burial-trans Sequentially list conditions, if any, laading to immadiata causa. Enter Undarlying Causa (Disaasa or injury that Initiated avents rasulting In daath) Last Due to (or as a consaquanca ot): Box 68760 Aspiration 2 Years Physician/Medical Dua to (or as a consequance of): 88 9SI for ed by the detached Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contributa to the cause of death? signed by t 1 Tyee 2 No 3 Probably 4 ☐ Unknown Parkinsonism þ 24b. Wara autopsy tindings available prior to completion of cause of death? Completed 24a. Was an autopsy peen Alzheimer's hes page 2 certificate 1 Yas 2 No 1 Yas 2 No f or Attending Physician: effer death. Director: After this certific funeral director, 25. Was casa ratarred to medical exeminar? Be 26. Place of Death (Check only ona) Hospital: 1 Yes 2 No Other: 4 Nursing Homa 5 X Rasidence 6 Other (Specify) 2 1 Inpatiant 2 ER/Outpatient 3 DOA 28e. Date of Injury (Month, Day Year) 27. Mennar of Death 28h Tima of 28d. Dascribe how injury occurred Certification: 28c. Injury et Work? 5 Panding Invastigation 1 XNatural 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datarminad 3 Suicida 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 28a. Plece of Injury - At homa, farm, street, tactory, office building, atc. (Specify) in by 4 Homicide To the Hospital or within 24 hours aft To the Funeral Di completely filled in 29a. Cartifiar 1 🖸 Cartifying Phyalcian: To tha bast ot my knowledge, death occurrad at tha tima, data and placa, and dua to tha ceusa(s) end mennar as stetad. Medical (Check only one) 2 Medicat Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, dete end place, and due to the cause(s) and manner stated.

29c. License number

3301 New Mexico Avenue #349, Washington, D.C.

D25113

29d. Data signed (Month, Day, Year)

June 9, 1997

20016-3622

State Registrar

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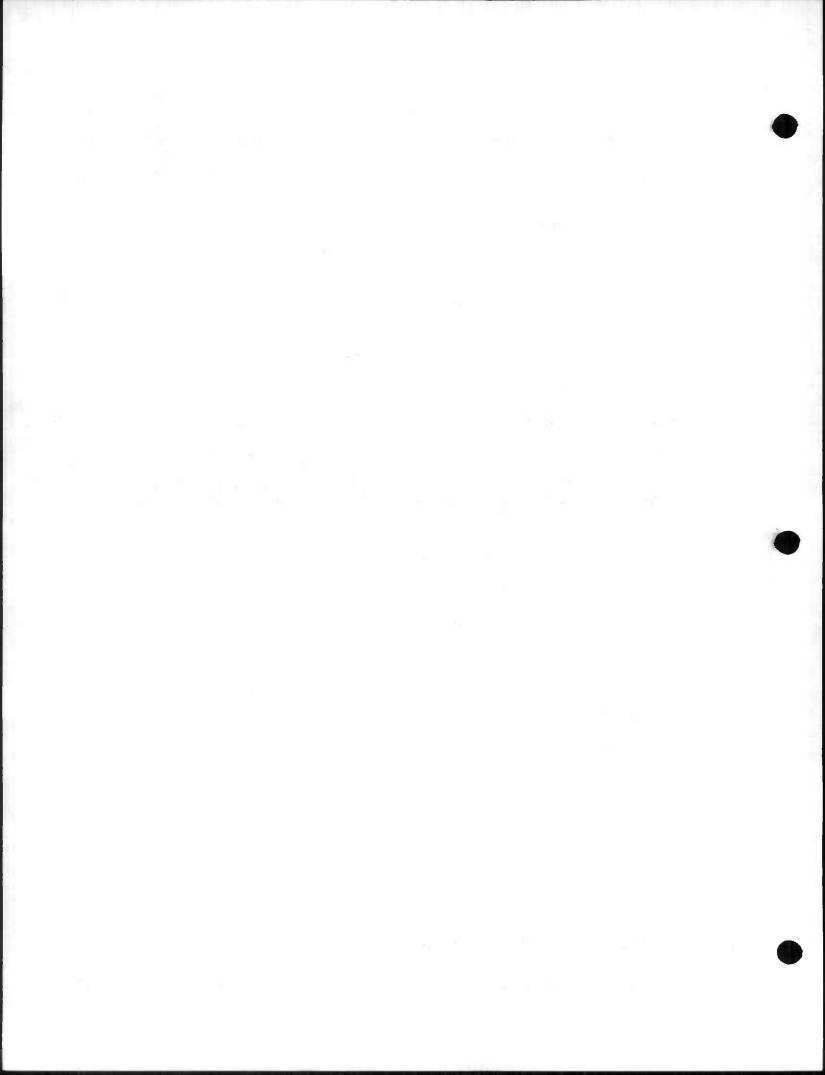
+1

29b. Signature and titla of certifian

31. Date filed (Month, Day, 1997)

Lawrence E. Klein, M.D.,

30. Nama and address of person who completed causa of daath (Itam 23a) (Type, Print)

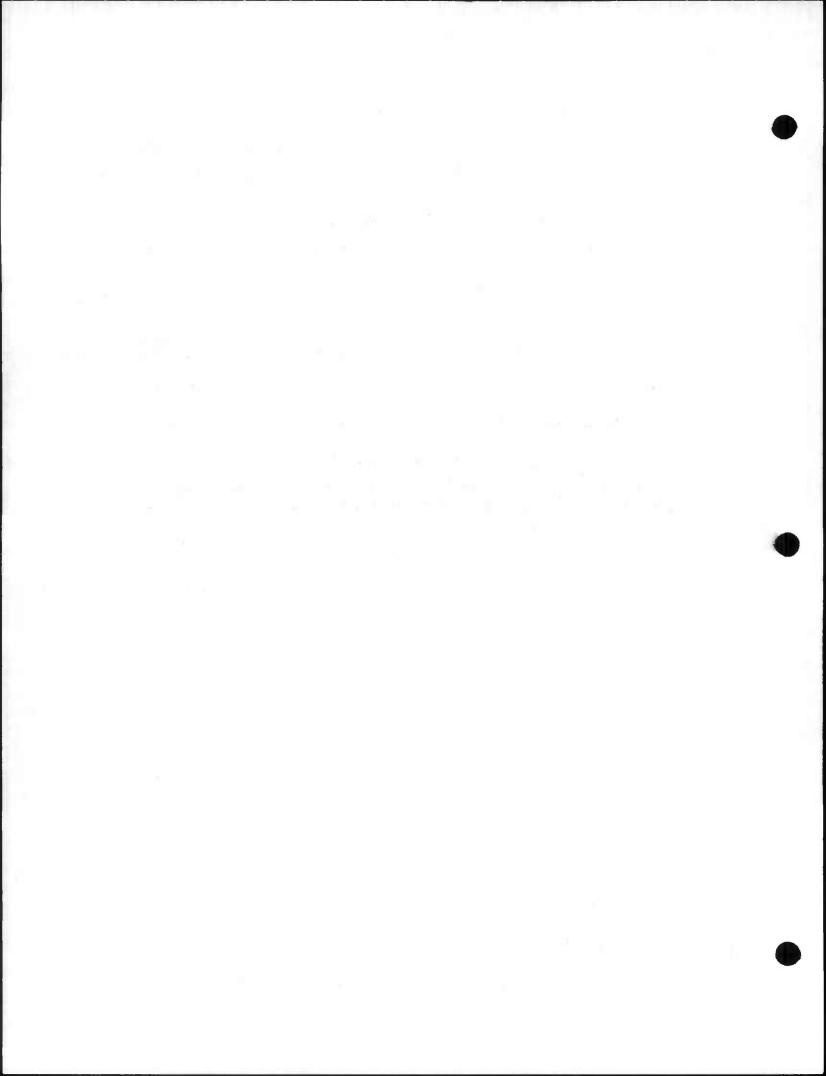


State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Yaar **Physician** Katherine Month DUNA KNICELY pay /Medicat 4a. Facility Nema (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Silver Spring Mo
H Under 1 Year | H Under 24 Hrs. | 8. Data of Birth (Month, Day, Year) 307 Wayne Avenue Montgomery 5. Social Security Number 7. Aga (In yrs. last birthday) 6. Sex Birthplaca (Steta or Foreign Country) **Funeral** 1 M 2 XF 98 Yrs. Director 579-48-8267 1898 WashingtonDC Usual Rasidance of Decedent with the Maryland permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Hatilh and Mental Hygiene.
Important: If Item 27 is marked other than "natural", or items 23a or 28a-f show amy injury or other traumatic event, the Medical Extraction countries and injury or other traumatic event, the Medical Extraction countries of any injury or other traumatic event, the Medical Extraction countries of any injury or other traumatic event, the Medical Extraction countries and injury or other traumatic event, the Medical Extraction countries are set of the countries of the countrie 10a Stata 10b County 10c. City, Town or Location 10d. Inside City Limits X□ Yas 2□ No MD Director Silver Spring Montgomery 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 307 Wayne Avenue 20910 United States Funeral 11. Marital Status 12. Wes Decedant Evar in U,S. Armed Forcas? Was Decedent of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuben, Mexican, Puarto Rican, atc.) 14. Reca - American Indian Bleck, White, etc. 1 Navar Marriad 2 Married 1 ☐ Yas 2 X No Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☒ No Specify: if Yas, Giva Yaar or Datas: White þ 3 X Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working lifta. DO NOT usa retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highast greda complated) National Eiamantary/Secondery (0-12) Collega (1-4or 5+) Accounting Office Geographic Society 17. Fathar's Nema (First Middle Last) 18. Mothar's Name (First, Middla, Malden Sumama) unobtainable Jeffries unobtainable Williams 19a. informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Julia Thompson/Grandniece 12202 Lime Plant Road, New Maket, MD 21774 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 Buriai 2 ☐ Cramation 3 ☐ Ramovel from Stata 6/9/97 Glenwood Cemetery Washington, DC 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signetura Funarai Sar lor Ucensee 22. Nama and Address of Fecility Hines-Rinaldi Funeral Home 11800 New Hampshire Ave Silver Spring, MD 25a Part1. Enter the disease, or shock, or heart failure. List Approximete interval Batween Onsat and Deeth bel of dying, such as cardiac or respiratory arrest, Physician oscienatio /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Examiner (SeaCo ears Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last pue the burial-tra-Due to (or as a consequence of): Records, P.O. Box 68760, physician 8 Physician/Medical Due to (or as a consequence of) certificate 8 attending for use as been signed by the should be detached Part II. Other significant conditions contributing to death but not rasulting in the underlying causa givan in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings avellabla prior to completion of causa of daeth? Completed 24e. Was an autopsy certificate has 1 Yas 2 No 20 NO 1 Yas Division of Vital Attending Physician: director, Be 25. Was cesa raferrad to medicel 26. Placa of Death (Check only ona) examiner? Other: 4 Nursing Homa 5 Assidance 6 Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this filled in by the funeral 27. Mennar of Death 28a. Data of injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred Certification: After 5 Panding investigation To the Hospital or Attending within 24 hours after death.
To the Funeral Director: Afte completely filled in by the fune Natural 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datarminad 3 ☐ Suicida 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stete) 28a. Placa of Injury - At homa, farm, straet, factory, office building, atc. (Spacify) 4 \ Homicida 1 Certifying Physician: To the best of my knowledga, daath occurred at the time, date end place, end dua to the ceusa(s) and mannar as stated.

2 Medicat Exeminer: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, end due to the ceuse(s) and manner stated. 29a. Certifier edicai (Check only one) 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Date signad (Month, Day, Year) 12 208546 No 30. Neme and addrass of person who completed ceuse of deeth (item 23e) (Type, Print) w is consid Dohw aubor a ue Betterdo

32. Registar's Signatura

State Registrar 31. Dete filed (Month, Day, Year)



Please Type or Print In Black Indelible Ink. Assure Ali Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** RUDOLF WILHELM KOOPMANN 6 1425 /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner | BERLIN | | If Under 1 Year | If Under 24 Hrs. | Months | Days | Hours | Min. | ATLANTIC GENERAL HOSPITAL WORCESTER 5. Social Security Number 6. Sex 125-M 2□ F 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplace (State or Foraign Country) **Funeral** Yrs. Director 043-36-7854 7-15-21 GERMANY Usual Rasidanca of Decedent permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mertal Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28s.4 showing injury or other traumatic ages. 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yas 2 No Director MD WORCESTER BERLIN 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 2563 OCEAN PINES 2 1 8 1 1

13. Was Decedant of Hispanic Origin? (Specify Yas or Noif Yes, specify Cuban, Maxican, Puarto Rican, etc.) GERMANY

14. Raca - American Indian,
Black, White, atc. Funeral 12. Was Decedent Ever In U,S. Armed Forcas? 1 ☐ Yes 2 ☐ No If Yas, Giva Year or Dates: 1 ☐ Nevar Married 2 ☐ Married 1 Yes 20 No Specify: Specify: by 3 Widowed 4 □ Divorced WHITE Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) RETAIL FOOD BAKER 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middla, Malden Surname) Nee Kuhlmann HERMAN KOOPMANN SOPHIA KOOPMANN 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 19a. informant's Name/Relationship (Type, Print) 2563 KARL 2563 OCEAN PINES BERLIN, MD 21811

20b. Place of Disposition (Name of cametery, crematory or other place)

20c. Location - City or Town, Stata KOOPMANN 20a. Method of Disposition 12 Burial 2 ☐ Cremation 3 ☐ Removal from State 4 □ Donation 5 □ Other (Specify) BURIAL-GDNS OF PINES 6-9 BERLIN 22. Name and Address of Facility 23a. Paper. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart tailure. List only one cause on each line. Approximate interval Between Onsat and Death **Physician** BILATERAL /Medical Immediete Cause (Final NEUMENIO Lucele disaase or condition resulting in death) Examiner Examiner ONG ESTIVE physician and the buriel-transit Sequentially list conditions, if any, laading to immediate cause. Enter Undarlying Cause (Disease or Injury that initiated events rasulting in death) Last Physician/Medical Due to (or as a consequanca of) Part tt. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Completed by 24b. Were autopsy tindings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 ☐ Yes 2 ☐ No

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.
To the Funeral Director: After this certificate has been signed by the ettending physician and completely filled in by the funeral director, page 2 should be detached for use as the burlet-transit one pletely filled in by the funeral director, page 2 should be detached for use as the burlet-transit Division of Vital Records, P.O. Box 68760

Saltimore, Maryland 21215-0020

1 Yes Certification: To 27. Manner of Death 1 Natural 2 Accident 3 Suicide 4 Homicide

25. Was case referred to medical examiner? 26. Placa of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 21 No 1 ☐ Inpatlant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 5 Panding investigation 1 Yes 2 No 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At homa, farm, straat, factory, offica building, etc. (Specify) 29a. Certifier i Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and manner as stated. (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) MA

31. Date tiled (Month, Day, Year)
JUN 0 9 1997

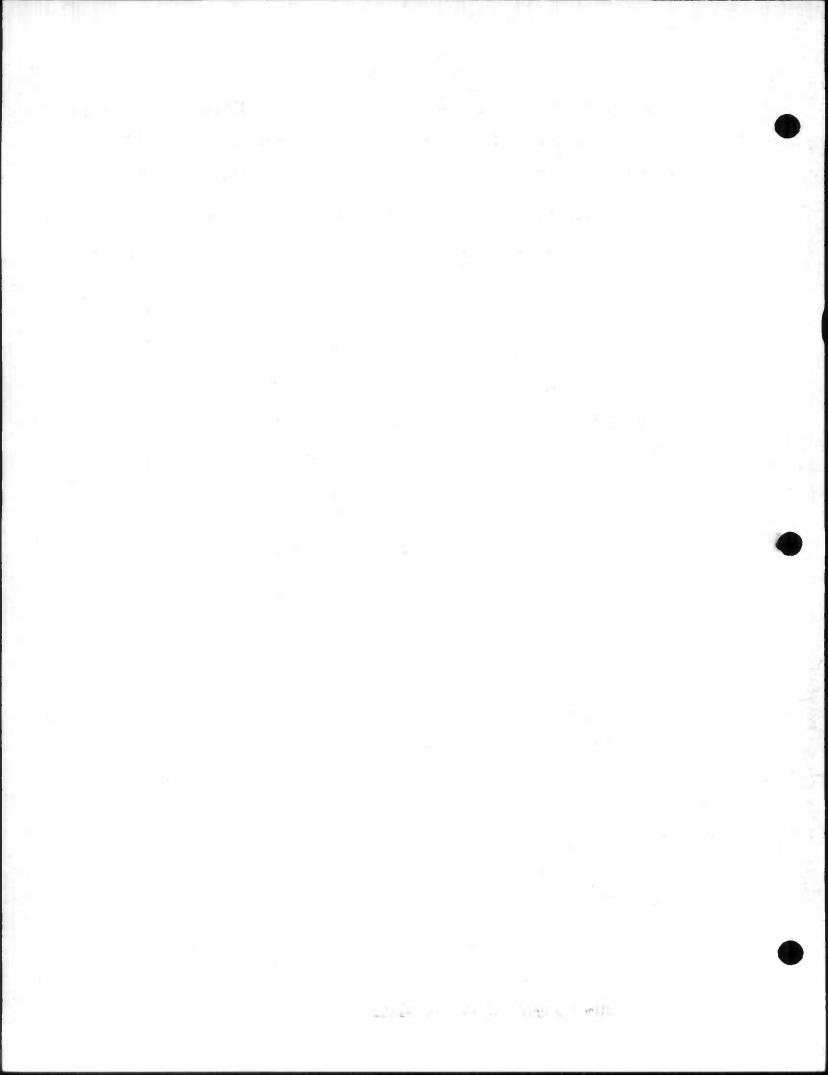
22. Registrar's Signature

State Registrar

Medicai

			State of Maryland / Department of Health and N Certificate of Death		giene Reg. No.	7 19035
	Physici /Medi		1. Decedent's Neme (First, Middle, Last) Gale Charles Kayser Sr.	2. Date of Dec Month	eth Dey	3. Time of Deeth 997 0634
	Examir		4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Lo	ocation of Death	4c. County	of Deeth
	Funeral Director		Washington County Hospital Hagers 5. Social Security Number 214-09-4917 → Hagers 7. Age (In yrs. lest birthday) 83 Yrs. Hours Min. Usuel Residence of Decedent		h v, Year)	nington 9. Birthplece (State or Foreign Country) MD
	rland row		10e. State 10b. County 10c. City, Town or Location			10d. Inside City Limits
	a-f eh	ctor	MD Washington Maugansville			1 ☐ Yes 2 📆 No
	th with the 23a or 28	Funeral Director	10e. Street and Number 13825 Village Mill Drive 21767		10g. Citizen of W	
21215-0020	s 1 and 2 should be filed within 72 hours after death with the Maryland if Health end Mentel Hygiene. Item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Expansion must be notified at	by	11. Marital Status 12. Wes Decedent Ever in U,S. Armed Forces? 1 □ Never Married 2 ★ Married 3 □ Widowed 4 □ Divorced 12. Wes Decedent Ever in U,S. Armed Forces? 1 □ Yes 2 ★ No If Yes, Give Year or Detes: 13. Was Decedent of Hispenic Origin? (Sp If Yes, specify Cuben, Mexican, Puerto	ecify Yes or No- Rican, etc.)	Blec	a-American Indian, k, White, etc. white
5-0	72 hc	Completed	15. Decedent's Education 16a. Decedent's Usuel Occupetion (Specify only highest grade completed) (Give kind of work done during most of work	ina	16b. Kind of Bu	siness/industry
121	within ane. then	mpl	Elementary/Secondary (0-12) College (1-4or 5+) Maintennance Mar		School	System
	illed Thygid other	Be Co	8 Years 0 Fractification Figs. 17. Fether's Neme (First, Middle, Last) 18. Mother's Name	e (First, Middle,	Meiden Sumem	e)
ylar	2 should be f end Mentel I ie merked of aumatic eve	To B	Thomas L. Kayser Bessi	e Irvi	.n	
Maryland	2 sho		19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Run 19c. Informent's Neme/Reletionship (Type, Print)			
	1 and Health em 27		Dorothy Kayser 13825 Village Mill 20e. Method of Disposition 20b. Placa of Disposition (Neme of	Dr. M		Ville, MD City or Town, State
Baltimore,	permit. Peges 1 and 2 is Dependent of Health er Important: If Item 27 le eny injury or other trau once.		1 Reurial 2 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify)			
Bal	Depending Imported in processing in processi		21. Signature of Funeral Service Licensee 22. Name end Address of Fecility Thompson Funera	l Home	, Inc.	
	Physician		2 a. Pert 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac a shock, or heart failure. List only one cause on each line.			D 21722 Approximete Interval Between Onset end Deeth
	/Medical Examiner		Immediate Cause (Final disease or condition resulting in deeth) e. Cardio-Respiratly a Due to (or es e consequenca of): Congestive lieux Failure	crest	2	15min 4yrs
٠	uted d ansit	Examiner	Sequentially list conditions b. Congestive light Failure Due to (or as a consequence of):	_		42/15
50,	e exected an an an an an an an an an an an an an	I Exa	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury c.			
68760,	rificate be executed ng physician and as the burial-transit	Medical	resulting in deeth) Lest Due to (or es e consequenca of):			
Вох	eath certif attending for use a	lan	d			
0	t the dea by the a teched f	Physician/M	Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I.	23b. Did t	obacco use con	tribute to the cause of death?
Δ.	res that the signed by I be detected	by	Type I Diabetes mellitus	101	/es 2□No	3 Probably 4 Unknown
Records,	e lew requires that the death certificate be executed has been signed by the attending physician and se 2 should be deteched for use as the bunal-transit	Completed	Type I Diabetes mellitus	24e. Wes	en eutopsy med?	24b. Were eutopsy findings aveilable prior to completion of cause of deeth?
al R	The ate h	Con		1 🗆 Y	es 20 No	1 Yes 2 No
of Vital	Physician: The ribis certificate ral director, pag	o Be	25. Wes case referred to medical exeminer? Hospitel: 17/Inspecient 2 FB/Outpetient 2 FB/Outpe			
	D e	\vdash	1 10 Inpatient 2 Et/Outpetient 3 DOA 4 Nursing Ho		enca 6 Dothe ow injury occurre	
Division	or Atten efter dea Director I in by the	Certification:	3 Suicide 6 Could not be	28f. Location (S City or Tow		er or Rural Route Number,
	To the Hospital or Attending within 24 hours effer death. To the Funeral Director: Affer completely filled in by the funeral Director.	edical C	29a. Certifier (Check only one) 1□ Certifying Physicien: To the best of my knowledge, deeth occurred at the time, date end pleca, 2□ Medical Examiner: On the basis of examinetion end/or Investigation, in my opinion, deeth occurred at the time, date end pleca, 2□ Medical Examiner: On the basis of examinetion end/or Investigation, in my opinion, deeth occurred at the time, date end pleca, 2□ Medical Examiner: On the basis of examinetion end/or Investigation, in my opinion, deeth occurred at the time, date end pleca, 2□ Medical Examiner: On the basis of examinetion end/or Investigation, in my opinion, deeth occurred at the time, date end pleca, 2□ Medical Examiner: On the basis of examinetion end/or Investigation, in my opinion, deeth occurred at the time, date end pleca, 2□ Medical Examiner: On the basis of examinetion end/or Investigation, in my opinion, deeth occurred at the time, date end pleca, 2□ Medical Examiner: On the basis of examinetion end/or Investigation, in my opinion, deeth occurred at the time, date end pleca, 2□ Medical Examiner: On the basis of examinetion end/or Investigation, in my opinion, deeth occurred at the time, date end pleca, 2□ Medical Examiner: On the basis of examinetion end/or Investigation, in my opinion, deeth occurred end the control of the	end due to the d red et the time, d	euse(s) end mei date end pieca, a	nner es steted. and due to the ceuse(s)
	within To the	Me	29b. Signature end title of certifier / 29c. License number		29d. Date signed	(Month, Dey, Year)
	-		▶Bomo GalivarA, MD D 20233		6/10/9	7
			30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) BAPURAO PULIVARTI, MD 12931 Oakhill AVR, Hagerstown Md	2174	2_	
	Sta Registr	te ar	31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture			

Gale Charles Hayser



State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** RICHARD L. LAWLER AKA: LARRY LAWLER JUNE 1997 5:45 AM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner HOLY CROSS HOSPITAL SILVER SPRING MONIGOMERY If Under 1 Year 5. Social Security Number 7. Age (In yrs. lest birthday) Birthpiece (State or Foreign Country)
 ILL. 8. Dete of Birth (Month, Dev. Year) **Funeral** 11 M 2□ F Deys Hours Months 343-26-7973 62 Director MAY 19, 1935 Usuei Residence of Decedent the Maryland 10b. County 10c. City. Town or Location item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at 10d. Inside City Limits Director 1 X Yes 2 □ No MD. MONTGOMERY SILVER SPRING 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 13804 OLD COLUMBIA PIKE U.S.A. Funeral 20904 12. Wes Decedent Ever in U.S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritei Stetus 14. Reca - American Indien, Bleck, White, etc. 1 Never Married 2 Married 1 Yes 2 No If Yes, Giva 06 Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: þ Specify 3 ☐ Widowed 4 💆 Divorcad Year or Dates: 1957-1963 WHITE Completed permit. Pages 1 and 2 should be filed within 72 the Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natuent July or other traument." 15. Decedant's Education (Specify only highest grade completed) 16e. Decedent's Usuei Occupetion (Give kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Coilege (1-4or 5+) COMPUTER CONSULTANT COMPUTER FIRM 17. Fethar's Nema (First, Middla, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be THOMAS J. LAWLER CECELIA A. LAMM 19e. informent's Name/Reletionship (Type, Print) 19b. Mailing Addrass (Street end Number or Rurel Route Number, City or Town, State, Zip Code) BERTRAND PAYNE/SON SAME ITEM #10 AS 20b. Plece of Disposition (Neme of 20a. Method of Disposition Dete 20c. Location - City or Town, Stete cematary, cramatory or other plece) 1 ☐ Burlel 2 【Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) CHAMBERS CREMATORY 6/7 RIVERDALE, MD. 21. Signeture of Funerei Service Licensee 22. Name end Address of Fecility 20910 namberso MOOO91 CHAMBERS FUNERAL HOMES, P.A., SILVER SPRING, MD. 23e. Pert1. Enter the disease, or complications the caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feiture. List only one cause on each line. Physician immediete Ceuse (Final disease or condition resulting in death) /Medical Examiner Examiner DISCAL buriel-transit Sequentially list conditions, if eny, leading to immediate cause. Entar Underlying Ceusa (Diseese or Injury pue urdirm Records, P.O. Box 68760. ettending physicien for use es the burie certificate be Physician/Medicai thet initiated events rasulting in deeth) Lest Due to (or es e consequenca of/: use es t week Part ii. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? á ACMMITIL Yes 2□ No 3 Probably 4 Unknown signed t þ 24b. Wara autopsy findings eveileble prior to completion of cause of death? Completed 24a. Was en eutopsy thrombo CYTOD nohes 22 No dremin 1 Yes 1 Type 2 No certificate Division of Vital To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifica completely filled in by the funeral director, i 25. Wes case referred to medical exeminer? Be 26. Plece of Deeth (Check only ona) 1 Yas 2 No Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 inpatient 2 ER/Outpetient 3 DOA 27. Menner of Deeth 28b. Time of Injury 28c. tnjury et Work? Certification: 28d. Describe how Injury occurred 5 Panding Invastigation 1 Naturei 1 Yes 2 No 2 Accident 6 Could not be 3 Suicide 28e. Piece of injury - At home, ferm, street, factory, offica building, atc. (Spacify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stata) 4 Homicida 12 Certifying Physicien: To tha best of my knowladga, daath occurred et tha tima, data and place, and due to the cause(s) end mennar es stated.
2 Medical Examinar: On the basis of axamination and/or invastigetion, in my opinion, daath occurred et the time, deta end place, and dua to the cause(s) end manner stated. 29a. Cartifiar edicai (Check only one) 29b. Signeture end titla of cyrtifier 29d. Data signed (Month, Day, Year) 29c. License numbar Naini Buyhai 3+ rune 3th 30. Nema end addrass of person who completed causa of death (Itam 23a) (Type, Print)

31. Dete filed (Month, Deyl Yeer)

32. Registrer's Signeture RASHID RAYHAI NAINX

Registrar **DHMH 16 Rev 6/95**

State

JUN 0 9 1997

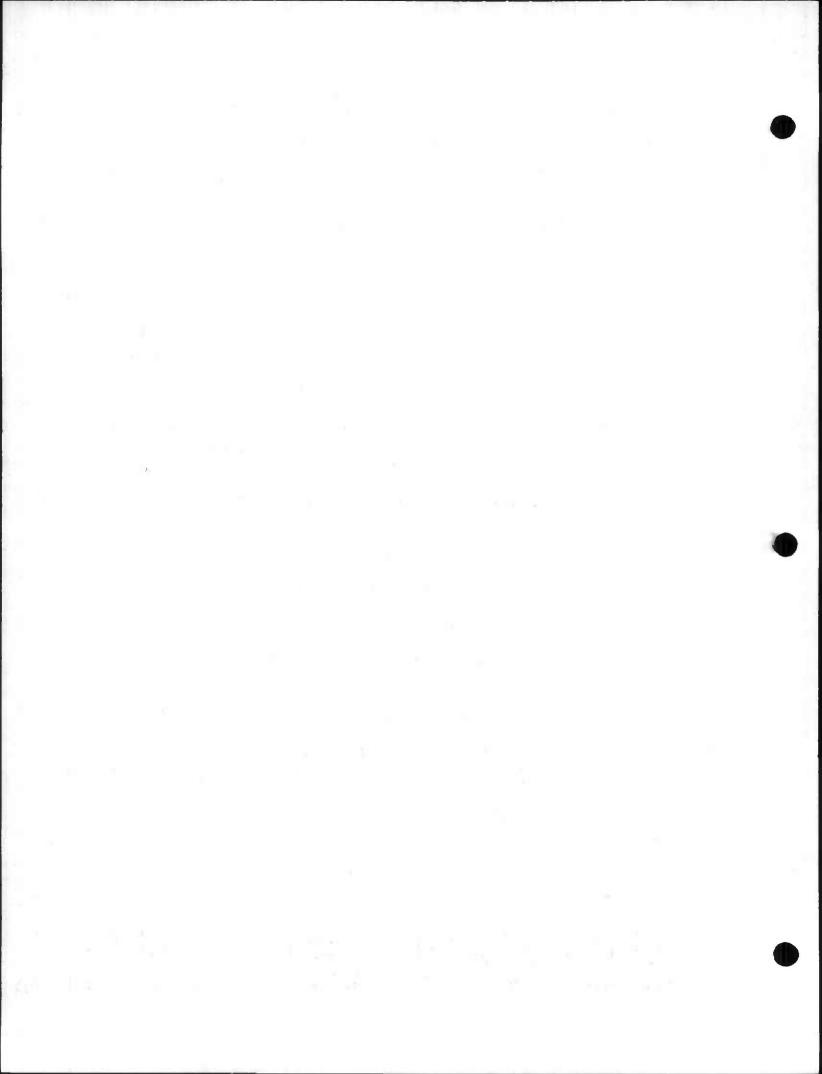
who Davidson

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3 Time of Death Month Day **Physician** 8 Franco LoRe June 1997 11:49 am /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner R.A. Cowley Shock Trauma Center Baltimore If Under 1 Yeer If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 10XM 2□ F 220-70-7696 35 Yrs. Director March 9, 1962 Sicily Usual Residence of Decedent the Maryland 10a State 10b. County rs 23e or 25a-f show must be notified at 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Director MD Anne Arundel Crofton 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? terms 23a 1402 Stoneham Road 21114 Sicily Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Bleck, White, etc. 72 hours after 1 ☐ Never Married 2 X Married 1 ☐ Yes 2 ☐ XNo If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 natural, or 1 ☐ Yes 2 ANo White þ 3 ☐ Widowed 4 ☐ Divorced Completed the Medical 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. filled within Elementery/Secondary (0-12) College (1-4or 5+) 12 Supervisor Produce 7 is marked other traumatic event, 1 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Pages 1 and 2 should be sent of Health and Mental Michele LoRe Guiseppina DiGangi 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Department of Health ar Important: If them 27 is: any injury or other traus Colleen LoRe 1402 Stoneham Road, Crofton, MD 21114 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 6/12/97 1 Burlal 2 □ Cremetion 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) George Washington Cemetery Adelphi, MD 21. Si of Fungui Service Licenses 22. Name end Address of Facility Francis J. Collins Funeral Home, Inc. 500 University Silver Spring, MD 20901 Blvd. West 23e. Par 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, sho k or heart feilure. List only one cause on each line. **Physician** /Medical immediate Cause (Finel disease or condition resulting in death) Refractory Hypxemia 30 Min. Examiner Due to (or es e consequence of): recurrent & Physician/Medical Examiner Diffuse Pulmonary Hemorrhage ician end buriel-transit acute The lew recuires that the death certificete be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury Due to (or as a consequence of): Box 68760, physician s tha burie Tension Pneumothorax 30 Min. that initiated events resulting in death) Last Due to (or as a consequence of): 80 Ventilatory Support 980 P.O. Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 1 Yes 2 No 3 Probably 4 Unknown 1. Recurrent Pulmonary Hemorrhage 2. Acute Renal Failure Records, þ 3. Unexplained Hyper Bilirubinemia Completed 24e. Wes en eutopsy 24b. Were autopsy findings 4. Refractory Thrombocytopenia 5. Streptococcal Bacteremia performed' available prior to completion of cause of death 6. Staphlococcal Bacteremia 7. Mitral & Regorgitaion has endin page Stenosis 1 Yes 2 □ No 8. Herpes Pneumonitis Division of Vital or Attending Physician: Be 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) Hospital: 1 Repatient 1 ☐ Yes 2 ☐ No Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 10 2 ER/Outpatient 3 DOA funeral 28a. Date of Injury (Month, Day Year) 27. Manner of Death 1 Delaturel 28c. injury et Work? 28d. Describe how Injury occurred Certification: After 5 Pending investigation 24 hours efter death. 1 Yes 2 No the 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, State) filled in by 4 Homicide Hospital 29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the ceuse(s) end manner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and menner stated. To the Hosp within 24 hor To the Fune completaly fi (Check only 29c. License number 10 Trauma Ctir, 225 Groene St

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9038 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month 0355 Mary Louella Longnecker June 4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Dealt Hagers Love. If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Dec. 6, 1902 Washington County Hospital Washington 7. Age (In yrs. last birthday) If Under 1 Year Birthplace (State or Foreign Country) Days 1 □ M 2 🛛 F Months Yrs. 94 Pennsýlvania Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Washington Hagerstown 1 Yes 2 □ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 24 Broadway 21740 USA Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U,S Armed Forces? 11. Marital Status 14. Race - American Indian, Black, White, etc. 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Dates: 1 Never Married 2 Married White 1 ☐ Yes 2 No Specify: Specify 3 Widowed 4 □ Divorced 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Dept. 167 wiring aircraft assembly 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Samue 1 Sarah Jane 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informant's Name/Relationship (Type, Print) Allen J. Longnecker 39 E. North Avenue Hagerstown, Maryland 21740 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 6/9/97 Hagerstown, Maryland Rest Haven Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 305 N. Potomac Street Gezzald el Addisoriah Funeral Home Hagerstown, Maryland 21740 23a. Part1. Enter the disease shock, or heart feilure. e, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest. List only one ceuse on each line. Approximate Interval Between Onset end Death Immediate Cause (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting In death) Last Due to (or as a consequence of): Due 1 Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown lov 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an eutopsy performed? 1 Yes 1 Yes 2 No 25. Was case referred to medical 26. Plece of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 1 Minpatient 3 DOA 2 ER/Outpatient 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No Investigation

the buriel-transit Division of Vital Records, P.O. Box 68760, signed by the a page 2 s cartificate To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this cartifica completaly filled in by the funeral director,

þ Completed Be

Examiner Physician/Medicai Certification: To

Physician

/Medicai

Examiner

Director

Funeral

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Completed

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Funeral

Director

itam 27 is marked other than "natural", or itama 23a or 28a-f show other traumetic event, the Medical Examiner must be notified at

"natural", or

permit. Pagas 1 and 2 should be filed within 7 Department of Health and Mental Hygiene. Important: If them 27 is marked other than "n any injury or other traumatic avant

Physician /Medical

Examiner

Baltimore, Maryland 21215-0020

Medical

State Registrar

2 Accident

4 - Homlcide

6 Could not be determined

3 ☐ Suicide

29a. Certifier

29b. Signalerie and title of certifie MID.

29c. License number

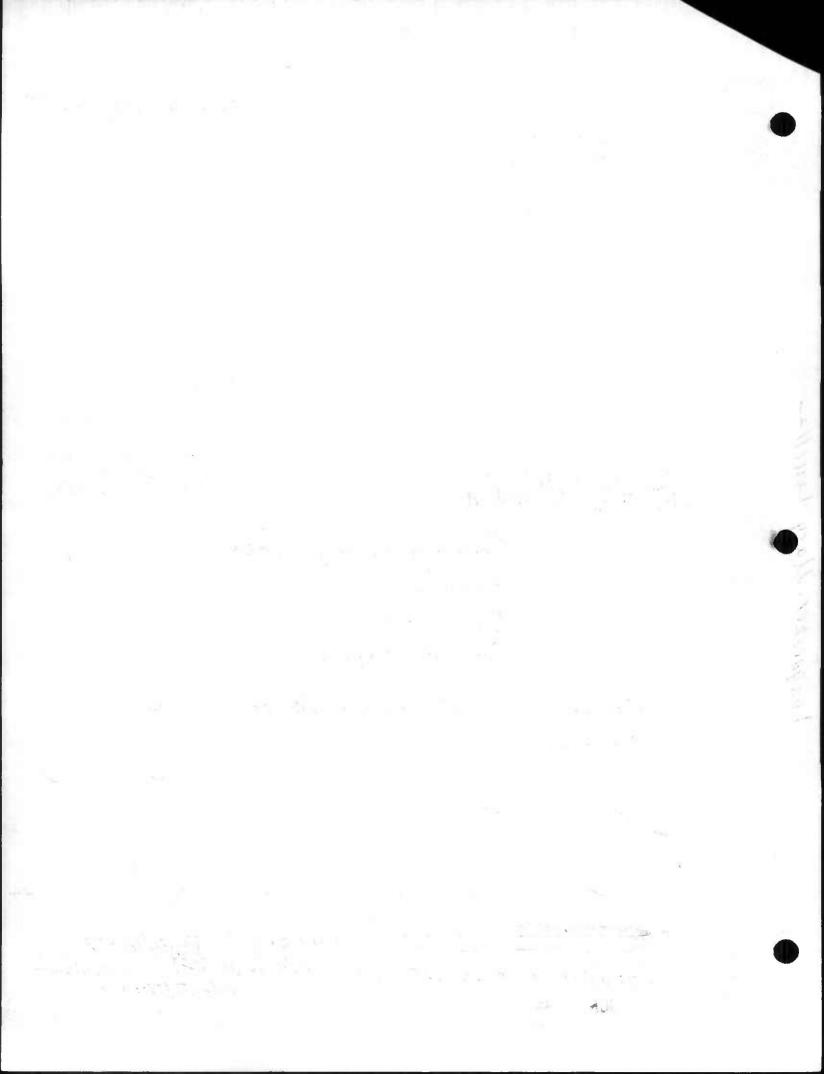
1 Certifying Physicien: To the best of my knowledge, death occurred at the time, dete end piece, end due to the ceuse(s) and manner as steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. 29d. Date signed (Month, Day, Year)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

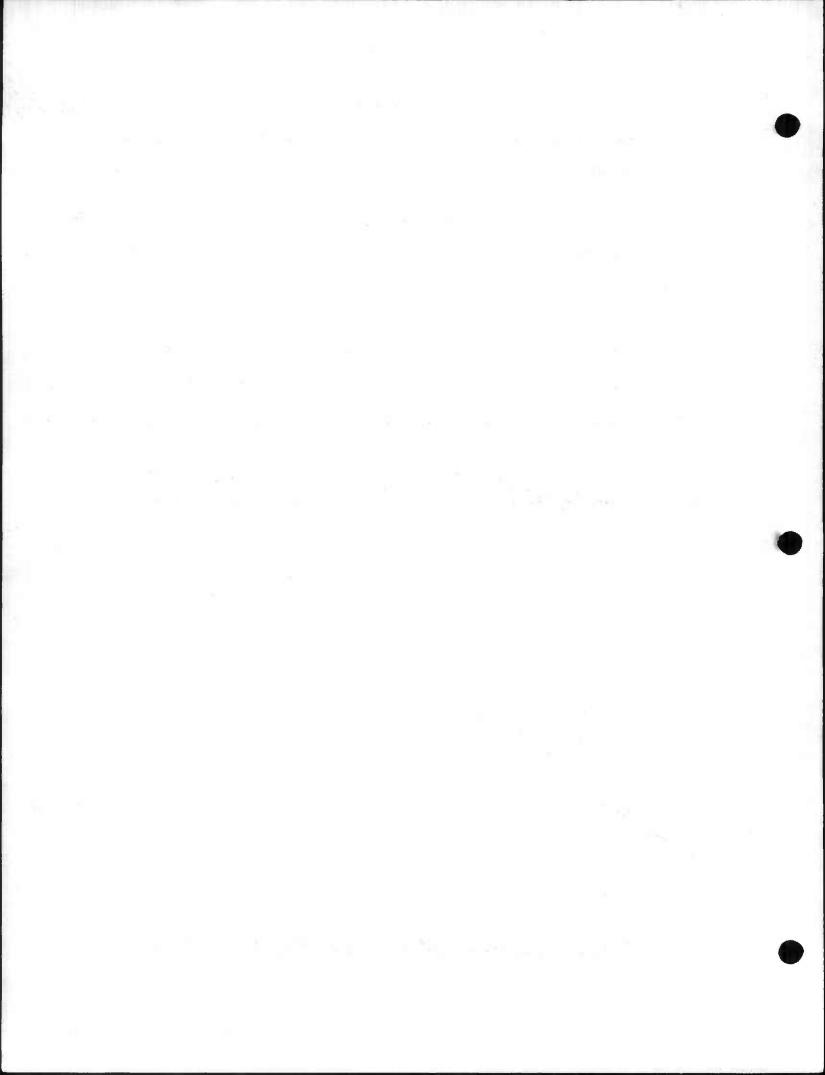
30. Name and address of person who completed cabase of uth (Itam 23a) (Type, Print)

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

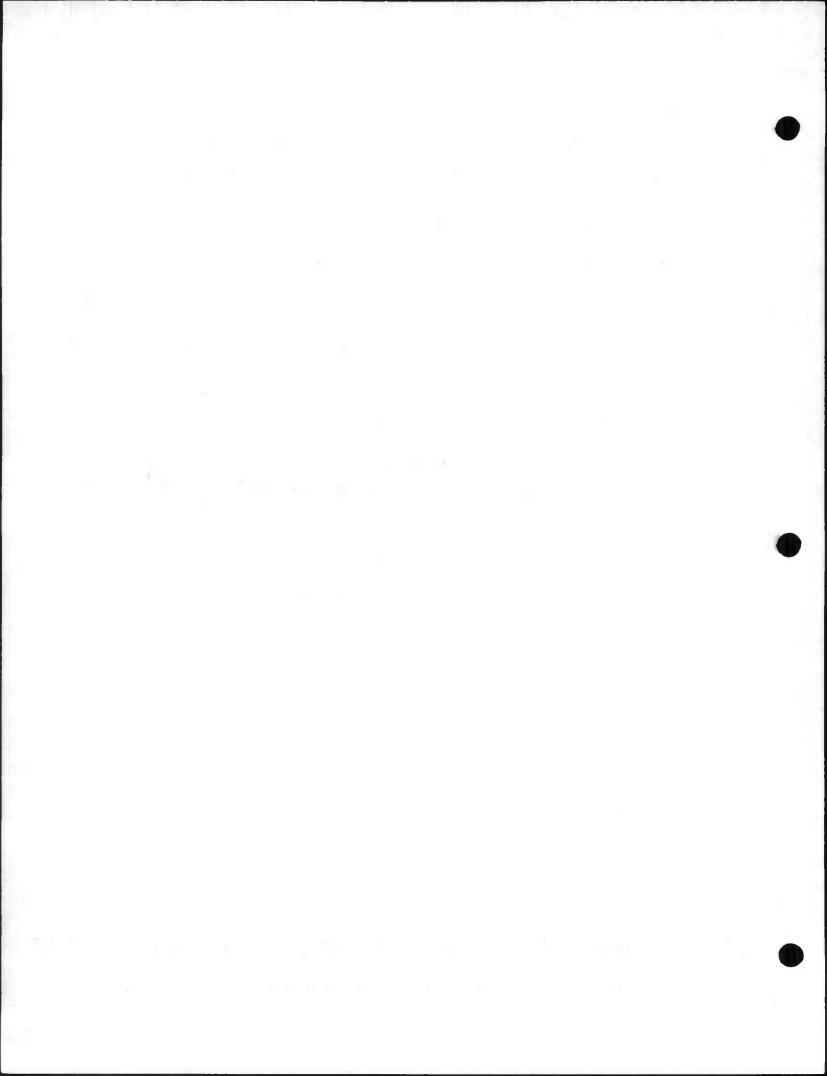


State of Maryland / Department of Health and Mental Hygiene

							Ce	rtificate	of	Death			Reg. No.	1	10000
1	Physic	ion	1. Decedent's Name (First, Mi	ddle, Last)								2. Date of De Month		Veer	3. Time of Deeth
	/Medi		Mary		L.		1	Macina				May	23 I	1997	10:15 HU
	Exami	ner	4a. Facility Name (If not institu			ım <i>ber)</i>			- 1			ocation of Deat	th 4c. Count	y of Deeth	
1		Ш	Westwood Nur							Beth				gome	ry
	Funeral Director		5. Social Security Number 579-60-7061	6. Sex	M 200 F	7. Age (In ye	rs. last birthday) 9 Yrs.	If Under 1 Months I	Yaar Days	If Under Hours	24 Hrs. Min.	8. Date of Bi	th Year) 897	9. Birth	pleca (State or Foreign ntry)
	p		Usual Residence of Decedent 10a. State 10b. Cour	ntv		10c.	City, Town or Lo	ncation							10d. Inside City Limits
	he Maryl Sta-f sho offised a	Director					Washing	ton, D	-						1X Yes 2 □ No
	after death with the Maryland or thems 23s or 23s-f show inside must be notified at	ral Dir	10e. Street end Number 6004 28th S					10f. Zip C					10g. Citizan of USA	What Cou	ntry?
21215-0020	ja # 25	by Funeral	11. Marital Status 11☑ Never Married 2☐ M 3 ☐ Widowed 4 ☐ Divord	arried	2. Was Dec Armed Fo 1 Tes If Yes, Gi Year or D	2K No		13. Was Decedent of Hispanic Origin? (S) If Yes, specify Cuban, Mexican, Puerto 1 ☐ Yes 250 No Specify:				pecify Yas or No Pican, etc.)		ce - American Indian, lok, White, etc. White	
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121	Par Par	Completed	Elementary/Secondary (0-12		College (life.	kind of work DO NOT use		d)		9	F.1		
2 0	il Hygie other t		1.2 17. Father's Name (First, Midd	(a l act)		4		Teach	er	10 Math	de Nom	o /Firet Middle	, Maiden Surnai	catio	n
Maryland	公司を	To Be	Raimondo Ma									Cardina		ne)	
Mar	20 0 20 20		19a, Informant's Name/Relation										er, City or Town		
	1 and Health em 27 dher tr		Tennyson Town 20a. Method of Disposition	stey	/ Tru	stee	. Place of Dispo			et, N	.W.,		ngton, D		20090-6202
Baltimore,	Page ment of ant: If I		1 X Burial 2 ☐ Cramation 4 ☐ Donation 5 ☐ Other		moval from	State	cemetery, cre	matory or other	e <i>r pla</i>	,	6	Date /17/97	20c. Location Washing		
Ball	parmit. Departi Imports any inju		21. Signature of Funeral Servi					11800	New	Hamp	shi	re Aveni		neral	Home
m	CONTRACTOR	6	art1. Enter the disease, shock, or heart failure. L	or complic	ations that	caused the de		Silver lar the mode o					20904 rrest,	7	Approximate Interval Between
60,	Physician /Medical Examiner but physician end physician e	I Examiner	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter Undarlying Cause (Disease or injury that initiated events	a.		Va	(or as a consec	quenca of)	1	rest D	- 15e	ase			4-5 year
D. Box 68760,	ath c	Physician/Medical	Pert II. Other significant cond	d.	ributing to d		(or as a consec		se giv	en in Part I		23b. Dld	tobacco uae co	ontribute to	o the cause of death?
P.0	thet the de led by the a detached		Į.	of the set of the constraints of the set of						Yea 20No	3□ Pro	bably 4 Unknown			
Records,	aw requires thet is been signed I 2 should be det	Completed by	i	45	Thr	na					*	24a. Wes	an autopsy ormed?	av	ere autopsy findings ailable prior to mpletion of cause deeth?
Ä	The law ate hes page 2	E										10	Yes 2/1 No	10	☐Yes 2☐No
Vital		Be	25. Wes case referred to medi	cal	-					26. Place	of Deat	th (Check only	опе)	1	
of V	S 50	2	examiner?	Ho	spital: 1 🗆	Inpatient 2	☐ ER/Outpatier	nt 3 DOA	Oth	ar: 4□ Nu	rsing Ho	ome 5 Rasi	dance 6 00	ner (Specia	bastuard
	ding Ph th. After this		27. Menner of Death 1 ☐ Matural 5 ☐ Pen	ding	28a. Date (Mon	of Injury th, Day Year)	28b. Time o Injury		. Injur	y et k?		28d. Describe	how Injury occu	rred	
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3e. Part 1. Entar tha disaase, or co shock, or haart feilura. List on mediate Ceuse (Finel saasa or condition	omplications that cau	usad tha daa ch lina.		Silver			rancis iversit	J. Collin	ns Funeral est
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Sequantially list conditions, if any, laading to immediata ceusa. Entar Undarlying Causa (Disease or Injury c.									
Causa (Disease or Injury that inflitated avants rasulting in deeth) Lest Dua to (or as a consequence of): d. Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contributing to 3 in Part I.									
Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contributing to death but not resulting in the underlying ceuse given in Part I. 1 Yes 2 No 3									ontributs to the cause of deeth?
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axaminar? 1 ☐ Yas 2⊠ No	Hospital:	patiant 2	ER/Outp	atient 3 [DOA Ot	thar:			nar (Specify)
. Mannar of Deeth 1 ☑ Naturel 5 ☐ Panding 2 ☐ Accident Invastigat	28e. Deta of (Month,		28b. Tim	a of	28c. Inju Wo	ury et ork?			
	t be ad 28a. Place of building	f Injury - At h I, etc. (Speci	noma, farm	, street, facto	ory, office		28f. Location City or To	(Streat and Numb own, Stata)	ber or Rural Routa Number,
3 Sulcida 8 Could not be 28a. Place of Injury - At home farm street, factory, office 28f. Location (Street and Number or Rural Route									
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29c. Licensa number

D47215

29d. Data signed (Month, Day, Year)

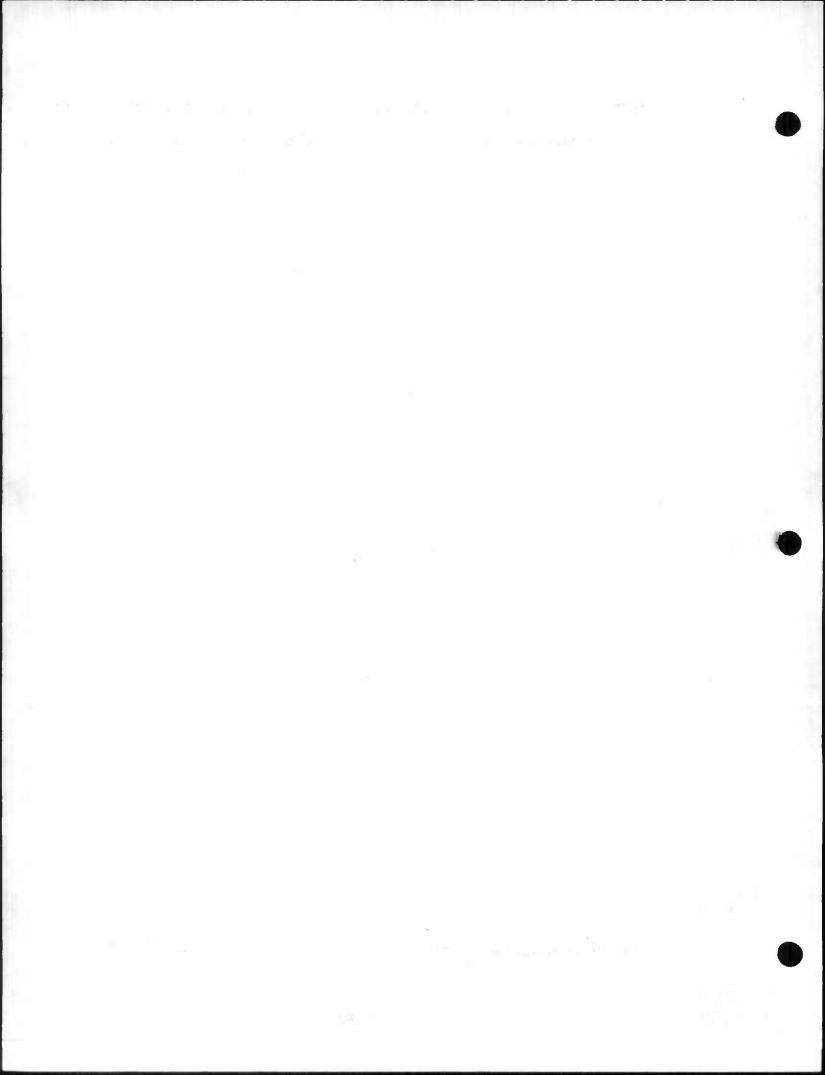
June 5, 1997

State Registrar

29b. Signatura and titla of certifiar

20. Name end eddress of person who completed cause of daeth (Item 23a) (Type, Print)

Robert Musselman 1106 Spring St. Silver Spring, MD 20910



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent'a Nama (First, Middla, Last) 2. Data of Death 3. Tima of Deeth Month **Physician** 6, RUBY L. 1997 McDORMAN JUNE 10:50 PM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner PRINCE GEORGES GENERAL HOSPITAL CHEVERLY PRINCE GEORGES If Undar 1 Yaar 7. Aga (In vrs. last birthday) If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) Birthplace (Stata or Foraign
Country) **Funeral** Days 1 M 2 F Months Hours Director 215-46-3642 VÁ. Usual Rasidence of Decedant 10a. Stata 10b. County r than "natural", or items 23s or 28s-f show the Madical Examiner must be notified at 10c. City. Town or Location 10d. Inside City Limits Director 1 XYas 2 No MD. PRINCE GEORGES CHEVERLY 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 56th PL. 2907 20785 Funeral U.S.A. 12. Was Decedant Evar in U,S. Armed Forcas? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Ricen, atc.) 11 Marital Status Race - Amarican Indian, Black, Whita, atc. Pages 1 and 2 should be filed within 72 hours aftar nent of Haalth and Mental Hygiane. 1 ☐ Yas 2 XNo If Yes. Give 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 20 No Specify: P 3 ☐ Widowed 4 ☐ Divorced WHITE Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry al Hygiane. Eiamentery/Secondary (0-12) College (1-4or 5+) HOUSEWIFE AT HOME 17. Father's Nama (First, Middla, Last) 18. Mother's Neme (First, Middle, Maldan Sumama) permit. Pages 1 and 2 should be fit Department of Haaith and Mental H Important: If Nem 27 is marked out any injury or other traumatic even 2016.8. Be JOHN LOU KATE SAUNDERS FRANKLIN SAUNDERS 19a. intormant's Neme/Raiationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) GAIL M. SCOTT/DAUGHTER AS TTEM 20b. Piace of Disposition (Nama of camatery, crametory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 ☐ Burial 2 【Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Spacify) CHAMBERS CREMATORY 6/7 RIVERDALE, MD. 21. Signatura of Funarai Sarvice Ligansee 22. Nama and Addrass of Facility MOOO91 CHAMBERS FUNERAL HOMES, P.A., RIVERDALE, MD. 20737 23a. Part 1. Entar the disease, or complications that ceused the death. Do not entar the mode of dying, such as cardiac or respiratory arrest, shock, or hear failure. List only one cadse on each line. Approximata tritarvai Batween Onsat and Death **Physician** /Medical SEPSIS tmmediate Ceusa (Finat 24 Hours disaasa or condition rasulting in daath) Examiner Examiner NEUMONIA -transit The law requires that the death certificate be executed Sequentially list conditions, if any, laading to Immadiata cause. Enter Underlying Couse (Disaasa or Injury that Initiated avants rasulting in death) Last Dua to (or as a consequence of): burial-Box 68760, Physician/Medical the Dua to (or as a consequance ot): attending p P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying causa given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown should be det Records, þ 24b. Wara autopsy findings aveilebta prior to completion of ceuse of deeth? 24a. Was an eutopsy parformed? Completed ate has N.A 2 No certificate 2 No Division of Vital spital or Attending Physician: hours after death.
Inerel Director: After this certifically filled in by the funeral director, f 25. Was cesa rafarred to medical Be 26. Placa of Daath (Check only one) Hospitai: Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) Certification: To 1 Yas 2 No 10 Impatiant 2 ER/Outpatiant 3 DOA 27. Mannar ot Daath 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how tnjury occurred 1 Naturai 5 Panding 1 ☐ Yas 2 ☐ No 2 Accident invastigation 6 Could not be datarmined 3 Suicida 28a. Place of Injury - At home, tarm, straat, factory, office building, atc. (Specify) 28f. Location (Streat and Number or Rural Routa Numbar, City or Town, Stata) An 24 hour.
The Funerel Dire.
The filled in by 4 Homicida

Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha ceusa(s) and menner es steted.

um

4203

9 1997 Registrer's Signature Davidson-Randales

2 Medical Examinar: On the basts of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) end menner stated.

29d. Data signed (Month, Day, Year)

QUEENSBURY RU. HYATTSUILLE

State Registrar

Medical

29a. Cartifiar

(Check only one)

29b. Signatura appropriate of certified

DENNIS J. HAND

30. Neme end eddrass of person who completed cause of death (Item 23a) (Type, Print)

m D

To the Hosp within 24 ho To the Fune complately f

the SM age facility going meaning and a set of the Age of the SM.

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene A Certificate of Death A mend #5, 6/9/97, BMW, Montg. Co. 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth T997 **Physician** Month 31. 6:44 PM May McIntosh Phoebe Esther /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Silver Spring 3320 Chiswick Court, #20 Montgomery If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Mooth, Dey, Ye April 2, 1 7. Age (In yrs. last birthday) Birthpiece (Stata or Foraign Country) **Funeral** 1 M 2 F 80 Yrs. Washington, DC Director Usuei Residence of Decedent the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or itams 23a or 28a-f ahov traumatic event, the Modical Examinat must be notified at 1 ☐ Yes 2 No Silver Spring Director Maryland Montgomery 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 3320 Chiswick Court, #20 United States 20906 Funerai 12. Was Decedant Evar in U,S. Armed Forcas? Wes Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Reca - American indian, Black, White, atc. 1 Yes 2 No If Yas, Give Yaar or Detes: 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yes 2 № No Specify: Specify: þ 3 Widowed 4 □ Divorced White Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Federal Home Loan Elementery/Secondery (0-12) Coilege (1-4or 5+) Bank Board 12 Accountant 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Elphonzo Youngs Phoebe McDougall 19a. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Potomac, MD John E. Preston 11613 Gowrie Court, 20b. Piece of Disposition (Name of cametery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removal from Stete 6 - 2 - 974 ☐ Donetion 5 ☐ Other (Specify) Chesapeake Crematory Beltsville, Maryland Rapp Funeral Services, P. A. 21. Signeture of Eugerai Service Licensae Re 933 Gist Avenue, Silver Spring, MD 20910 23a. Part1. Enter the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heert feilure. List only one cause on each line. Approximeta Interval Between Onset and Deeth **Physician** /Medical immedieta Cause (Final disaese or condition resulting in deeth) 18 months Carcinoma of the Larynx Examiner Dua to (or es a consequença of): Examiner physician and s the burial-trans Sequentially list conditions, if any, leading to immediata causa. Enter Underlying Ceuse (Disease or injury that initiated events Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760 Physician/Medicai thet initieted events resulting in death) Lest Dua to (or es e consequence of): attanding pi signed by the a d be detached f Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1) (Yes 2 No 3 Probably 4 Unknown á 24b. Were eutopsy findings available prior to completion of causa of death? 24e. Was an autopsy performed? Completed has 2XXNo 1 Yes 1 ☐ Yes 2 10 No 25. Wes case referred to medical axaminer? Be 28. Place of Death (Check only one) Hospitei: Othar: 4 Nursing Homa 5 Residence 8 Other (Specify) To 1 Yas 2 No 1 inpatient 2 ER/Outpatient 3 DOA lunerai 27. Manner of Deeth 1 Matural 28a. Deta of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Dascribe how injury occurred Certification: 5 Pending death. 1 Tes 2 No investigation or Attendi after death Director: A 2 Accidant 8 Could not be determined 3 Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide Hospital 24 hours a 24 hours 29e. Certifier (Check only one) 1 🖸 Certifying Physician: To the best of my knowledga, death occurred et the time, dete end plece, end due to the cause(s) end mennar es stated. Medicai 2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, deeth occurred at the time, dete and piece, and due to the causa(s) and menner stated. To the I 29c. License number 29d. Date signed (Month, Dey, Year) 29b. Signeture end title of certifier

June 1, 1997

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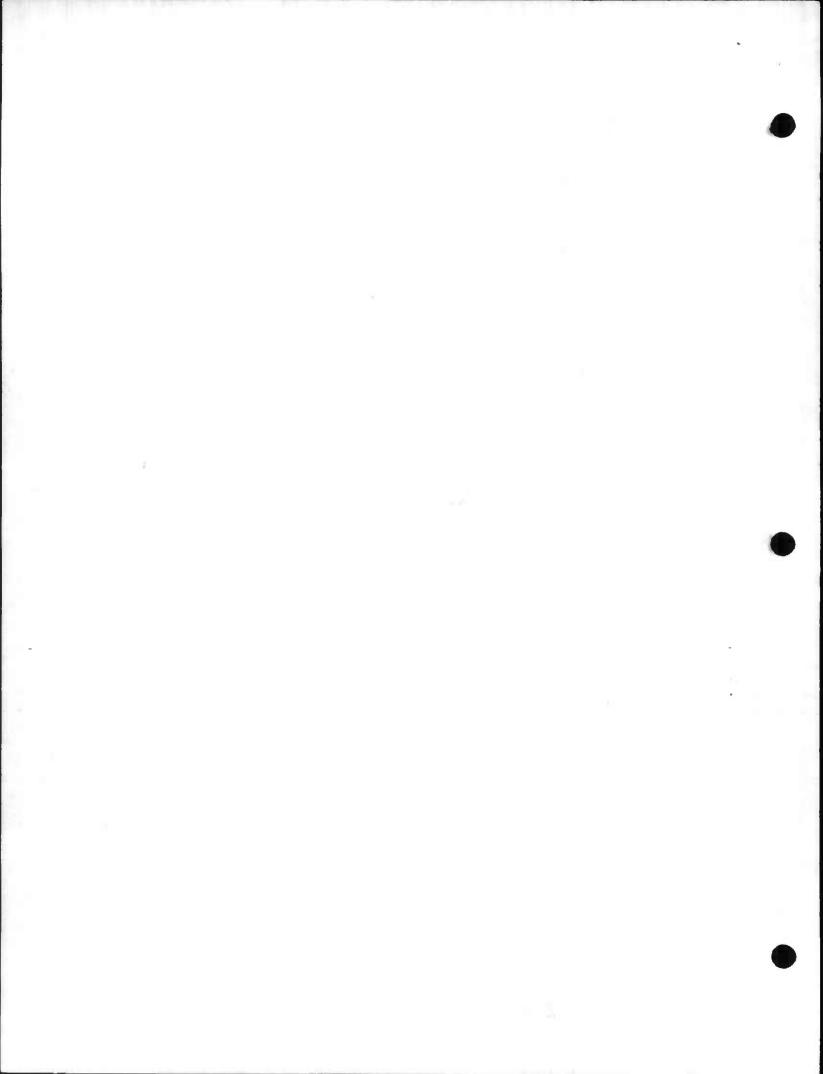
3305 North Leisure World Blvd., Silver Spring, MD

State Registrar 30. Name and eddress of person who completed cause of daeth (Item 23a) (Type, Print)

32. Registrer's Signature

Junia Davidson-Rands 12

Catherine M. Chura, M. D.,



State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** 8 97 5:30 Sophie Miller June am /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Mediplex of Montgomery Village Gaithersburg Montgomery If Under 24 Hrs. 8. Date of Birth (Month, Day, Apr. 8, 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Year Birthplece (State or Foreign Country) **Funeral** Days 1 □ M 2 🛣 F Months 82 297-16-1674 Director Ohio Usual Residence of Decedent death with the Maryland 10b. County 10c. City. Town or Location r than "naturel", or items 23s or 28s-f show the Medical Examiner must be notified at 10d. Inside City Limits 1 ☐ Yes 2 No Director MD Montgomery Germantown 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? USA 20874 13 Warrior Brook Court Funeral 12. Was Decedent Ever in U,S.
Armed Forces?
1 ☐ Yes 2 ☑ No
If Yes, Give Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien Black, White, etc. filed within 72 hours efter 1 Never Married 2 ☐ Married Saltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: White à Specify: 3 X Widowed 4 ☐ Divorced pernit. Pages 1 and 2 should be filed within 72 hours Department of Health and Mental Hygiene. Important: if item 27 is marked other than "naturel", eny injury or other traumatic event. In Mental Exercise. Year or Dates Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Bernard Lucas Catherine Butre 2 19a. Informent's Neme/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Donald C. Miller 13 Warrior Brook Court, GErmantown, MD 20874 20a. Method of Disposition 20b. Place of Disposition (Neme of Dete 20c. Location - City or Town, State cemetery, crematory or other place) 1 Burial 2 Cremation 3 Removal from State Gate of Heaven Cemetery 6/11/97 Silver Spring, MD
22. Name end Address of Facility Francis J. Collins Funeral 4 ☐ Donation 5 ☐ Other (Specify) 21. Signal f Funeral/Service Licenses Home, Inc. 500 University Blvd. West Silver Spring, MD 20901 Part 1. Enter the disease, or compleshock, or heart failure. List only tions that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, cause on each line. Approximete Intervel Between Onset and Deeth **Physician** /Medical Immediate Cause (Final Rectal Bleeding disease or condition resulting In death) Examiner Due to (or es a consequence of) Examiner Electrolyte Imbalances sician end buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that Initiated events resulting in death) Last Due to (or es a consequence of): P.O. Box 68760. attending physician for use es the bune Dehydration certificate be Physician/Medical Due to (or as a consequence of) use es Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. detached 23b. Did tobacco use contribute to the cause of death? the th signed by the 1 Yes 2 No 3 Probably 4 Unknown Records. by 24b. Were autopsy tindings evailable prior to completion of cause of death? Completed 24a. Was an autopsy peen performed' certificate has page 2 The 1□ Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physicien: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, Be 25. Was case referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred Certification: 5 Pending investigation 1 Natural Injury 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 | Homicide 29a. Certifier 1 Cartifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and menner es stated.

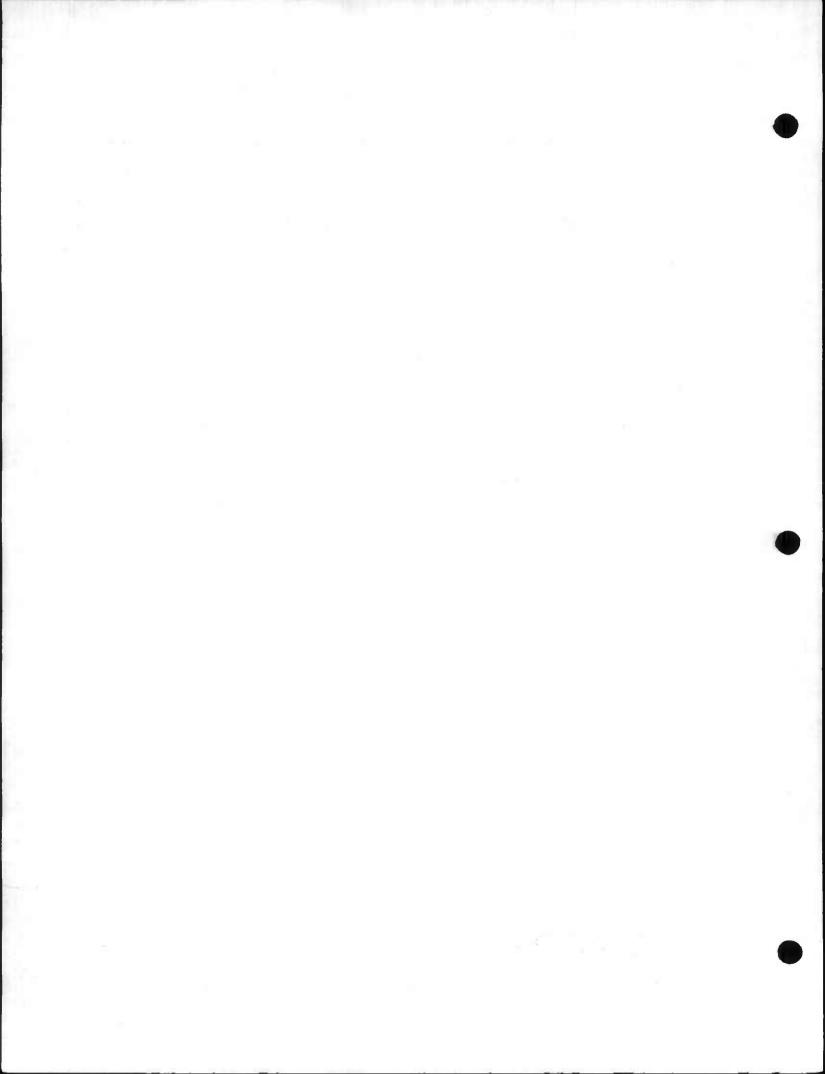
2 Medicat Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) and manner stated. Medical (Check only one) 29b. Signature and title of certifie 29c. License number 29d, Date signed (Month, Dav. Year) D 30692 June 9, 1997 9 30. Neme and address of person who completed cause of death (Item 23a) (Type, Print)

15200 Shady Grove RD, Suite 305 Rockville, MD

State Registrar Gabriel A. Berrebi, M.D.

32. Registrat's Signature

31. Date filed (Month, Day, Ye



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				State of Mary		ertifica				Reg. No.	37	191	045
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	/Medi Examir		4a. Facility Nama (If not Institution, g	va street and number)				4b. City, Town, or	Location of Deat	4c. County	of Death		
			Mariner Health	Care				Silver	Spring	Mon	tgome	ry	
	Funeral Director		579-56-2788	Sax 7. Aga (ir 1 M 2 F 10	yrs. last birthde	Months	r 1 Yaar Days					o <i>r Foreig</i> n	
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68760,	icate be executed physician and s the burial-transit		cause. Entar Underlying Cause (Disaasa or injury that initiated avants	c. Acute Myoc	ardial			n			i	1 we	ek
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O	ding Ph h. After th funeral	tlon	1X Natural 5 ☐ Panding	(Month, Day Ye	ar) injun	УМ	28c. Injur Wor	rk? Yas 2 □ No	Zod. Dasoribe	now injury occur	reu		
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			30. Nama and address of person who	complated causa of daath	(itam 23a) (Tvn	oe, Print)	- 11.			o dillo	. ,	•	
			R. Schumacher, N				d, W	heaton, l	Maryland	20902			
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3 Time of Death **Physician** HELMB SERBILE MILLS 3:45 1997 25 /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Silver Spring 11504 Colt Terrace Montgomery | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth | 9. Birthplace (State or Foreign Months | Days | Hours | Min. | Dec. | 30, 1910 | Louisiana 5. Social Security Number 7. Age (In vrs. last birthdev) **Funerai** 1 □ M 2 X F Months 437-09-1803 Yrs 86 Director Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 ☐ Yes 2 No Director Montgomery Silver Spring 10e Street and Number 10f. Zip Coda 10g. Citizen of What Country? 20902 11504 Colt Terrace TISA 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian 11 Maritel Status Black, White, etc. 1 ☐ Yes 2 X No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 🖾 No Specify: Black. à 3 X Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) Radio/Communications College (1-4or 5+) Traffic Manager 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Charles A. Seraile Bertha Thompson 0 19b. Mailing Addrass (Straet end Number or Rural Route Number, City or Town, Steta, Zip Coda) 19a. Informant's Name/Relationship (Type, Print) Donald Williams 11504 Colt Terrace, Silver Spring, MD 20902 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20a Method of Disposition 20c. Location - City or Town, State 1 N Burial 2 ☐ Cremetion 3 ☐ Removal from Steta 4 ☐ Donation 5 ☐ Other (Specify) Parklawn Memorial Park 5/29/97 Rockville, MD 22. Name end Address of Facility Francis J. Home, Inc. 500 University 21. Signature of Funeral Service Licensee Collins Funeral Blvd. West Home, Inc. Silver Spring, MD 20901 do 23a. Part1 Enter the disease, or complications the caused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest shock or heart failure. List only one cause of a ch line. Approximete Interval Between Onset and Deeth **Physician** RESPIRATORY /Medical immediate Cause (Final MINUTES disease or condition resulting in death) **Examiner** Examiner COLON CANCE YEARS Sequentially list conditions, if any, laading to immediate ceusa. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Last Dua to (or as a consequence of): Physician/Medical Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 | Yes 2 | No 3 | Probably 4 | Unknown by 24b. Were autopsy findings evailable prior to Completed 24a. Was en autopsy performed? completion of cause of death? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was cese refarred to medical Be 26. Placa of Daath (Check only one) Other: 4 Nursing Home 5 Presidence 6 Other (Specify) 1 Yes 2 No 2 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Describe how Injury occurred 28c. Injury at Work? Certification: 5 Pending invastigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office bullding, atc. (Specify) 4 \(\text{Homicide} \) 15 Cartifying Physician: To the best of my knowladge, death occurred at tha time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the best of examination and/or investigation, in my opinion, daath occurred at tha tima, date end place, and dua to the cause(s) and manner stated. edical 29a. Certifian (Check only 29b. Signatule and title of certifier 29c. License number 29d. Date signed (Month, Day, Year)

23540

RESEARCH BLUD #310 ROCKVILLE

To the Mospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completaly filled in by the funeral director, I

with the Maryland

death

Show

item 27 is marked other than "natural", or items 23a or 28a-f sho other traumatic event, the Medical Examinar must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If them 27 is merked other than "natural", or ther any Injury or other traumatic event.

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attending physician for use as the buria

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Records, P.O. Box 68760.

Division of Vital

Baltimore, Maryland 21215-0020

State Registrar

HUGH 31. Data filed (Month, Day

30. Nama and address of person who completed cause of death (Item 23a) (Type, Print)

OM

1450

32. Registrar's Signatura

3 4 7 4

97-2967-031

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

Certificate

JEFFREY MITCHEM State of Maryland / Department of Health and Mental Hygiene

		1
of Death	Reg. No.	1
	2. Date of Death	

MAY

4b. City, Town, or Location of Deeth

Month

111 Penn Street, Baltimore, Maryland 21201

3. Time of Deeth

5:10P.M.

1997

4c. County of Deeth

Physician
/Medical
Examiner

1. Decedent's Neme (First, Middle, Last)

JEFFREY ALLEN MITCHEM

4e. Fecility Neme (If not institution, give street end number)

the Maryland r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at death with 10

Pages 1 and 2 should be filed within 72 hours after nent of Health and Mental Hygiane. Baltimore, Maryland 21215-0020 or other traus Department of Important: If any injury or

Physician /Medical **Examiner**

bunal-trans The law requires that the death certificate be axecu P.O. Box 68760, for use as the igned by the al Records, page 2 certificata has Division of Vital or Attending Physician: this the funeral Aftart To the Hospital or Attending within 24 hours after death.
To the Funeral Director: After completely filled in by the fun

8300 COLESVILLE ROAD SILVER SPRING MONTGOMERY 5. Social Security Number If Under 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Day, Year) Birthplece (State or Foreign Country) **Funerai** ₩ M 2□ F Days 216-80-5253 34 Yrs. Director January2,1963 West Va Usuel Residence of Decedent 10a State 10b County 10c. City. Town or Location 10d. Inside City Limits Director Md. 1 ☐ Yes 2 No Montgomery Gaithersburg 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 19918 Tiger Lane 20879 United States Funeral 11. Maritel Stetus 12. Was Decedent Ever In U.S. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Rece - American Indian. Bleck, White, etc. 1 ☐ Yes 2 🕅 No If Yes, Give Yeer or Detas: 1 Nevar Married X Married 1 ☐ Yes 2 X No Specify: White Be Completed by 3 Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Businass/Industry Elementary/Secondery (0-12) Collage (1-4or 5+) None None 17. Fether's Nema (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Joseph Louis Mitchem Ruth Lambert 0 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Helen M. Mitchem 19918 Tiger Lane Gaithersburg, Md. 20879 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State 20e. Method of Disposition June 5, Buriel 2 Cremation 37 Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Mitchem Family Cemetery 1997 Eckman, W. Va. 21. Signature of Funeral Service Lice 22. Name and Address of Fecility DeVol Funeral Home 10 East Deer Park Drive Gaithersburg, Md. 20877 FLIN 23a. Pert1. Enter the disaase, or complications that caused the death. Do not enter the mode of dying, such es cerdiac or respiretory errest, shock, or haart feilure. List only ona cause on each line. Approximete Intervel Between Onset end Death Narcotic intoxication Immediate Ceuse (Finel disease or condition resulting in death) Examiner Sequentially list conditions, if eny, laading to Immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting in deeth) Last Due to (or es e consequence of) Physician/Medical Due to (or es e consequence of): Part II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of deeth? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings eveileble prior to complation of ceuse of deeth? Completed 24a. Wes en eutopsy performed? 1 X Yes 2 □ No 1 Yes 2 No 25. Was cese referred to medicel axaminer? Be 26. Pleca of Daath (Check only one) Othar: 4 Nursing Home 5 Residence 6 Nother (Specify) ALILEY Certification: To 1XX es 2 No 1 Inpatiant 2 ER/Outpetient 3 DOA 27. Manner of Deeth Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 Naturel FOUND 1710 Injury Fours 31-97 1 Yes Could not be determined 2 Accident 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 8300 Colsville Road 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide After

After

Certifying Physicien: To the best of my knowledge, deeth occurred at the time, data and piece, and due to the cause(s) and menner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and menner stated. Medical (Check only one) 29b. Signature end title of certifier 29c. Licanse number 29d. Dete signed (Month, Day, Year) night MM O.C.M.E. JUNE 1,1997 30. Nema and address of person who complated causa of deeth (Itam 23a) (Type, Print)

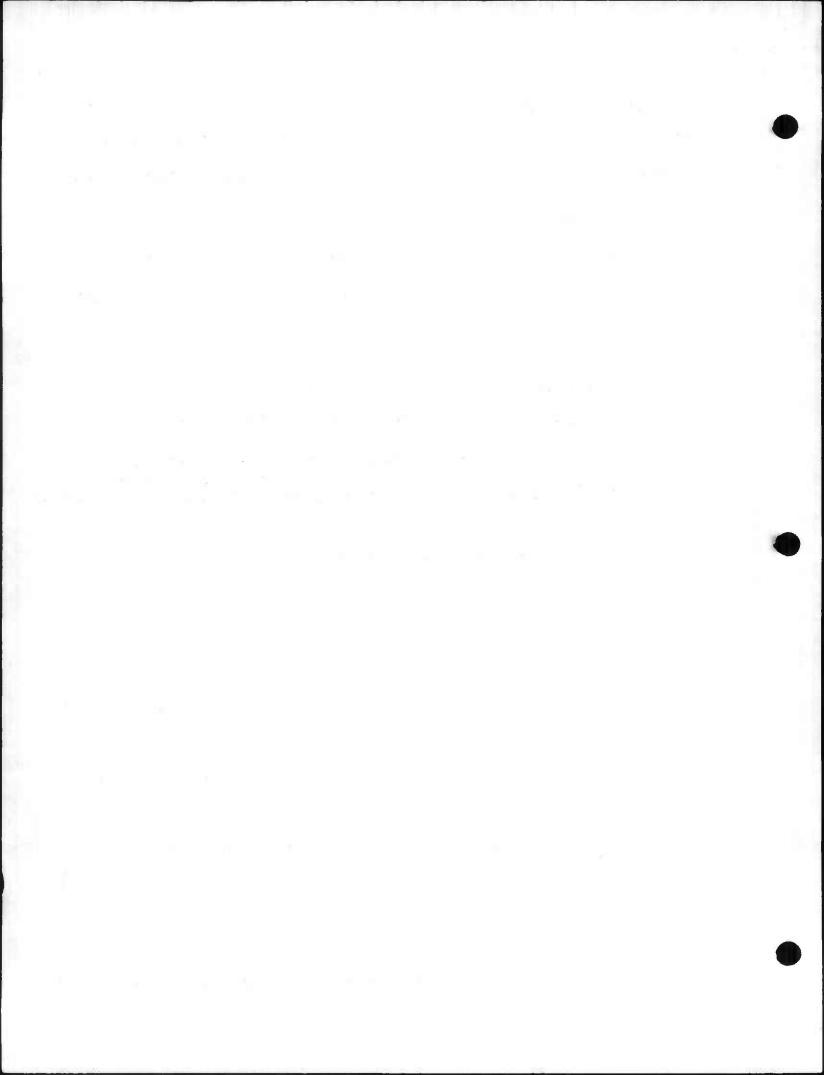
State Registrar G,

WRIGHT MD

32. Registrar's Signeture

Julia Davidson

DONALD



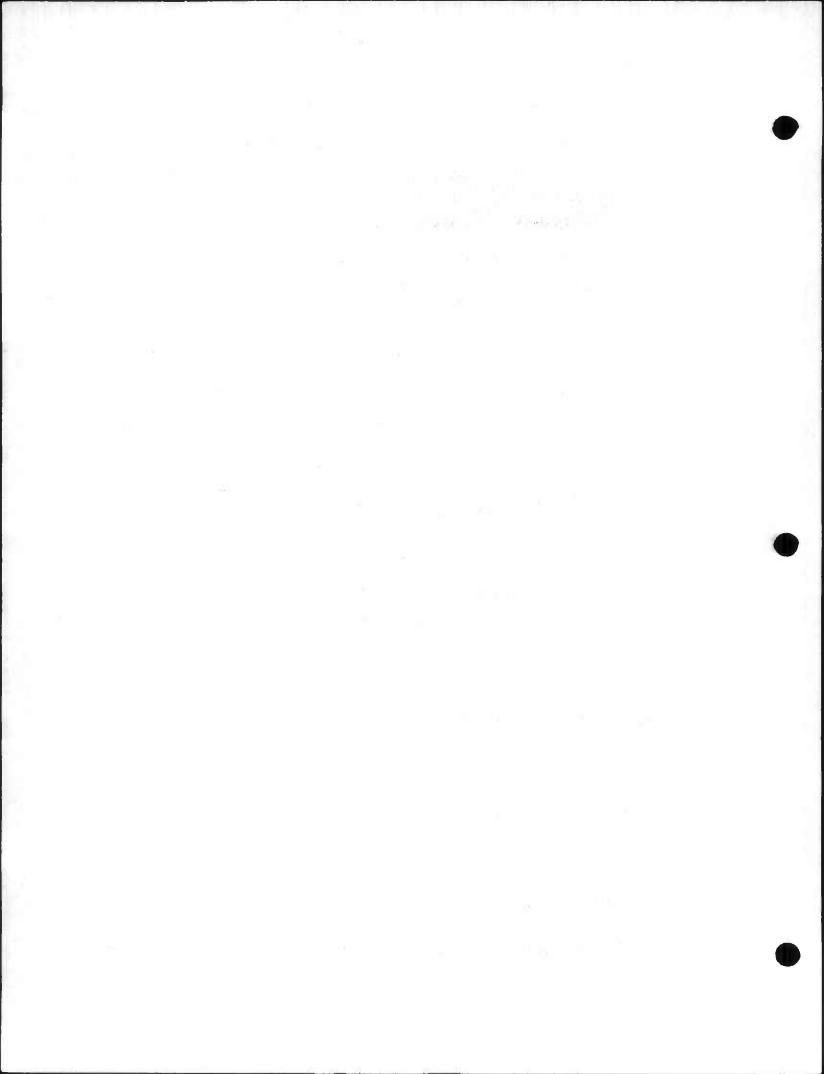
State of Maryland / Department of Health and Mental Hygiene

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Funer Directo	_	5. Social Security Num 577-09-74		M 2□F	7. Age (In yrs. 82	Yrs.	Months Da			8. Data of Bi (Month, D May 18	ay, Year) 1915	9. Birth Cou Mary	place (State or Foraign ntry) 1 and
77		Usual Residence of De	cedant										
andan		10a. Stata 10	0b. County		10c. Cit	ty, Town or Lo	ocation						10d. Insida City Limits
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with the Mary n or 28a-f ah	Director	10a. Straat and Number					10f. Zip Cod	a			10g. Citizen of	What Cou	intry?
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Marylahd 21215-0020 d 2 should be filed within 72 hours effer death with the Maryland th and Mental Hygiene. The marked other than "natural", or items 23a or 28a-f ahow traumatic event, the Medical Examiner must be notified at	by Funeral	11. Marital Status 1 Never Married 3 Widowed 4		Armad For	cas? 2 □ No		Was Decedant of Yas, specify C			Rican, etc.)	Speci	ack, Whita	
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re, Maryland 2121 s 1 and 2 should be filed within Health end Mental Hygiene. 1em 27 is marked other than other traumatic event, me Mai		19a. informant's Name		ype, Print)							per, City or Town		p Code)
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Baltimore, Mipemir. Peges 1 and 2 Department of Health e Important: If item 27 is	4	21. Signature of Funer	al Service Licen	200							Collin		
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		not	w/()	am	sey		llver Sp			20901			
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Division or Attanding efter death. Director: Afte d in by the fune	15		Could not be	28a. Placa	of Injury - At he	oma, farm, sti	eat, factory, offi	СӨ				ber or Ru	ral Routa Number,
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Hos Fun fely	edicai		Madical Exam	inar: On tha bas	sis of axamina	ition and/or in	vestigation, in m	y opinion, d	aath occur	red at tha time	, data and placa	, and due	to the causa(s)
Division or To the Hospital or Attanding Ph within 24 hours efter death. To the Funeral Director: After thi completely filled in by the funeral	N N	29b. Signatura and Atla	of contifier	and mann	ai Stateu.		200 110	ansa numbe		I	20d Data sice	ad /Manth	Day Vear
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		30. Nama and eddress	of person who	completed causa	of death (Item	n 23a) (Type,	Print)	^		^	-		
		LRNEUT	5. 6	DSER	10301	6-130 R	CIA tus	Jica	ENJ	PRINI.	MD)	090	2
		De Date Ward March	adian d			-,-		/			-		

Registrar



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State-of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month MillsJRJune oah 0915 1997 0 4e. Fecllity Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO If Under 1 Year Months Deys If Under 24 Hrs. Hours Min. 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Day, Year) 9. Birthplece (State or Foreign Country) VIRGINIA Months 226-64-19 Usuel Residence of Decedent -03-10a, State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No emperance Uille 10e. Street end Number 10g. Citizen of What Country? 057 ted eranceville 23442 12. Wes Decedent Ever in U,S. Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Dates: 13. Was Decedent of Hispanic Orlgin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 11. Maritel Stetus 14. Race -Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No 3 ☐ Widowed 4 ☐ Divorced Specify: Black 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Ken outry 17. Fether's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Malden Sumeme) Nogh lust. 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) WiFe 20b. Place of Disposition (Name of camatery, cramatory or other place) Rd rosie Temperance Ville 23442 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Burial 2 Cremetion 3 Removel from State 4 Donation 5 Other (Specify) 41497 Temperanceville Jerusglen 22. Name and Address of Facility 21. Signeture of Funeral Service Licensee Home NERAL 22/71 Wharten narton Accompe, va 2350 29a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or hear failure. List only one ceuse on each line. Approximete Intervel Between Onset end Death Immediete Ceuse (Final diseese or condition resulting in deeth) Due to (or es e consequence of) Sequentielly list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest comuce Due to (or es e consequence of): Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings eveileble prior to completion of ceuse of deeth? 24e. Wes en eutopsy 20 No 1 Yes 1 ☐ Yes 2 ☐ No 26. Piece of Deeth (Check only one)

Physician /Medical Examiner

Department of Important: If any Injury or

Physician

/Medical

Examiner

Funeral

Director

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Pages 1 and 2 should be filed within 72 hours after orent of Health and Mental Hygiene.
int: If Item 27 Is marked other than "natural", or iter
inty or other traumatic event, Ite Medical Experimenty

Baltimore, Maryland 21215-0020

Director

Funeral

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traumatic event, the Medical Examiner must be notified at

Physician/Medical Examiner the bunal-transit After this certificate has been signed by the attending p funeral director, page 2 should be detached for use as Completed by Be Certification: To the To the Hospital or Atter within 24 hours after des To the Funerel Director completely filled in by th

25. Wes cese referred to medical exeminer? 1 Yes 2 No Other: 4 Nursing Home 1 (npatient 2 ER/Outpetient 3 DOA 5 ☐ Residence 6 ☐ Other (Specify) 28e. Dete of Injury (Month, Dey 27. Manner of Deeth 28b. Time of Injury 28c. Injury et Work? 28d. Describe how injury occurred Weturel 2 ☐ Accident 5 Pending Investigation 1 Yes 2 No 6 Could not be determined 3 Suicide 28e. Plece of injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner es steted.
2 Medical Exeminer: On the basis of exemination end/or investigation, in my opinion, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner stated. 29a. Certifier

29c. License number

State Registrar

Medicai

29b. Signature end title of certifier

3102 Reneside 560 31. Dete filed (Month, Day, Year) 32. Registrar's Signeture

30. Neme end eddress of person who completed cause of deeth (Item 23a) (Type, Print)

Julia Davideor Rea

Division of Vital Attending Physician:

this

after death Director: A

-64-1938

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Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Month MCDOWELL JUDY JUNE 1740 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Interstate 70 & 68 Washington 9. Birthplace (State or Foreign Country) Hancock or If Under 24 Hrs. If Under 1 5. Sociel Security Number 7. Age (In yrs. last birthdey) 8. Date of Birth (Month, Day, Year) 1 M 200 F Deys Hours 34 Yrs. JAN 277-64-6947 25,1963 Ohio Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits ¥ Yes 2 No Spotsylvania Fredericksburg 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 11710 Lottie Ct. 22401 USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status 1 Never Married Married 1 ☐ Yes 2 ☐ No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced **Black** Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) Supervisor Banking 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Harry Reed Winifred Springs 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) William McDowell/ husband 11710 Lottie Ct. Fredericksburg, Va. 22401 20a. Method of Disposition Dete 20c. Location - City or Town, State 20b. Plece of Disposition (Name of cemetery, crematory or other piece) 20a. Method of Disposition 1 Burial 2 □ Cremation 3 □ Removal from State Tod Homestead Cem. 6/14 4 ☐ Donation 5 ☐ Other (Specify) Youngstowwn, Oh. 21. Signature of Purieral Service Licensee 22. Name and Address of Facility m00068 Burner Trade S Hagerstown, Services 1037 Dual Pl. Durner. 23a. Per11. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, auch as cardiac or respiratory errest, shock, or heart failure. List only one ceuse on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Due to (or as a consequenca of)

Physician /Medical Examiner

important: If it sny injury or conce.

Physician

/Medical

Examiner

10a State

Director

Funeral

þ

Completed

Be

2

Funeral

Director

permit. Peges 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mental hyglene. Important: If item 27 is marked other than "natural", or itema 23s or 28s4 show stry piletry or other traumatic event, he leaded in the marked other traumatic event, he leaded in the marked other traumatic event, he leaded in the marked and the motified at

Baltimore, Maryland 21215-0020

Examiner physician end the buriel-transit Physician/Medical d for use as t s certificate has been signed by the a director, page 2 should be deteched to þ Completed Be 2 Certification:

The law requires that the death certificate be executed

Hospital or Attending Physician:

deeth.

s after deeth

To the Hospital within 24 hours a To the Funeral D completely filled

After this

Division of Vital Records, P.O. Box 68760.

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last

Due to (or es a consequence of):

Due to (or as a consequenca of):

Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24a. Was an autopay performed?

24b. Were autopsy findings available prior to completion of cause of death?

1 Yes 2 No 26. Place of Deeth (Check only one)

1 ☐ Yes 2 ☐ No

25. Was case referred to medical examiner? 1 Nes 2 No 27. Manner of Death

Hospital: 1 Inpatient 28a. Date of Injury (Month, Dey Year) 5 Pending

Investigation

6 Could not be determined

28b. Time of Injury Juns 7, 1991 1746 M 1 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify)

2 ER/Outpatient 3 DOA 28c. Injury at Work? 1 ☐ Yes 2 No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred Motor Velile

Accide 281. Location (Street and Number or Rural Route Number City or Town, State)

29a. Certifier

1 Natural

2 Accident 3 Sulcide

4 Homicide

1, Certifying Physician: To the best of my knowledge, death occurred et the time, date and placa, and due to the cause(s) and manner as steted. Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and title of

29c. License number

DCMB

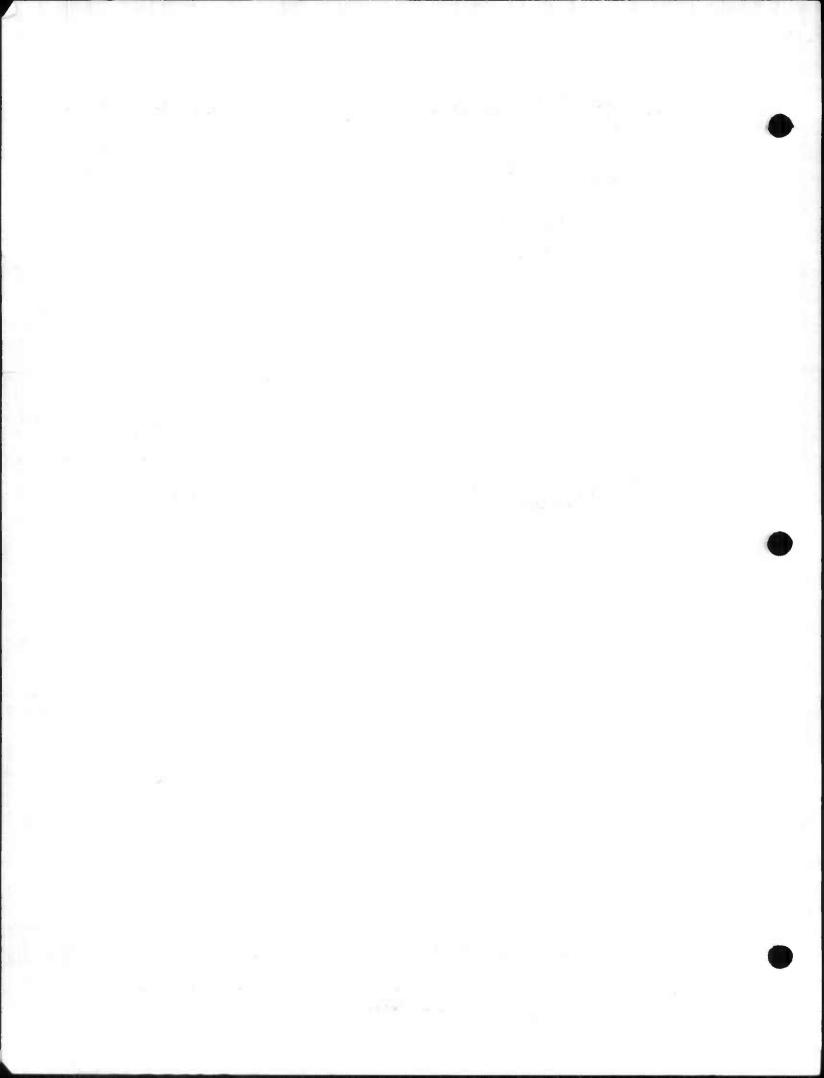
29d. Date signed (Month, Day, Year)

30. Name end address of person who completed cause of death (Item 23a) (Type, Print)

812 Vinglus AUE 32. Registrar's Signature

State Registra

Medicai



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** Month Ray MARSHALL NMN MOATS, JR. June 4:12 A.M. /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 1215 Frederick Street Hagerstown Washington 5. Social Security Number If Under 1 Year | If Under 24 Hrs. 7. Age (In yrs. last birthday) Birthpleca (State or Foreign Country) **Funeral** 1**∑**XM 2□ F Days Director 216-22-5989 January 28, 1925 Maryland Usuat Rasidance of Dacedani the Maryland 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic svent, the Modical Examiner must be notified at Director 1 Yas 2 No Maryland Washington Hagerstown 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? 1215 Frederick Street 21740 U.S.A. death Funeral 12. Was Dacedent Ever In U.S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. important: if item 27 is marked other than "natural", or iten any injury or other traumatic svent, the Medical Exercites once. 1 Naver Married 2 Married 1 X Yas 2 No If Yes, Give Year or Datas: Baltimore, Maryland 21215-0020 þ Specify: White 3 ☐ Widowed 4 ☐ Divorced WWIT Completed 16a. Decedant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) 12 Years Superintendent State Park 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) Marshall Moats, Sr. Eva Cora Pfeifer 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Madeline Moats, Wife 1215 Frederick Street, Hagerstown, MD 21740 20b. Place of Disposition (Nama of cemetary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremation 3 ☐ Ramoval from Stete 4 ☐ Donation 5 ☐ Othar (Specify) Boonsboro Cemetery June 11, 1997 Boonsboro, Maryland 21. Signature of Funeral Sarvice Licenses 22. Nama end Addrass of Facility 7606 Old National Pike P. Steven Danfelt BAST FUNERAL HOME 0 Boonsboro, MD 23a. Part 1. Entar the disease, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Intarval Between Onset and Death **Physician** /Medical Immediata Causa (Final diseese or condition rasuiting in daath) Examiner sician and burial-transit Sequentially list conditions, if any, laading to immediata causa. Entar Underlying Cause (Disaasa or Injury that initiated evants rasulting in death) Lest physician a Division of Vital Records, P.O. Box 68760 Physician/Medical Dua to (or es e consequence of): Part It. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 9 24a. Was an autopsy 24b. Wara autopsy findings available prior to completion of cause of death? Completed has certificate 1 Yas 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certific 25. Was casa rafarred to medical axaminer?
1 Yas 20 No
27. Mannar of Death 28. Placa of Death (Check only ona) Othar: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA funeral 27. Mannar of De 28a. Data of tnjury (Month, Day Year) Certification: 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred 5 Panding 1 Natural 1 ☐ Yas 2 ☐ No 2 Accidant Invastigation 8 Could not be 3 Sulcide 281. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homicida Tertifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. edical 29a. Certifiai 29b. Signature and titla of cartifian 29c. Licanse number 29d. Date signed, (Month, Day, Year)

he complated causa of daath (fam 23a) (Type, Print)

32. Registrar's Signetura

Antietam St, Hagerstown, MD

State Registrar 30. Nama and addrass of person

State of Maryland / Department of Health and Mental Hygiene

9052 Certificate of Death 1. Dacedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Deeth **Physician** Marguerite VanBuren Moore June 8, 1997 /Medical 7:00 A. 4a. Facility Nama (If not institution, give straat and number) 4b. City, Town, or Location of Daath 4c. County of Deeth Examiner 16505 Virginia Avenue Williamsport Washington If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 5. Sociel Security Number 7. Age (In yrs. lest birthday) 8. Data of Birth (Month, Dey, Year) **Funeral** Days Months 1□ M 21 F Yrs. Director 219 44 4569 87 Nov. 7, 1909 Maryland Usuel Residence of Decedent the Maryland 10e. State 10b. County 10c. City, Town or Location 28a-f show 10d. inside City Limits 7 is marked other than "natural", or items 23s or 28s-f shov traumatic event, the Medical Examines must be notified at Maryland Washington Williamsport 1 ☐ Yas 2 ☐ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Pages 1 and 2 should be filed within 72 hours efter death with inent of Health and Mentel Physiene.

But: If Item 27 is marked other than "naturel", or Items 23s or it yor other traumatic event, the Medical Examines must be in 16505 Virginia Avenue Completed by Funeral 21795 USA 12. Was Decedent Ever in U,S. Armed Forces?

1 Yas 2 No if Yes, Give Yeer or Detes: 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 Navar Marriad 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify. White 3 Widowed 4 □ Divorced 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) homemaker home 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Be Arthur Guy Albert Maggie Lavenia Eisenhart 19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 46406 Waterloo Road Devon, Pennsylvania 19333 Martha Moore Meskauskas 20e. Method of Disposition 20b. Pleca of Disposition (Neme of cemetery, crematory or other plece) 20c. Location - City or Town, Stete Dete Burial 2 ☐ Cremetion 3 ☐ Removal from Stete Department of important: if any injury or once. 4 ☐ Donation 5 ☐ Other (Specify) 6/10/97 Hagerstown, Maryland Rose Hill Cemetery 21. Signature of Funeral Service 22. Name and Address of Facility Gerald N. Minnich 305 N. Potomac Street Funeral Home Hagerstown, Maryland 21740 23a. Part1. Enter the diseese, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximete interval Between Onsat and Death Physician /Medical immediete Ceuse (Finei Vancular Deseaul diseese or condition resulting in death) ye ale Examiner The law requires that the death certificate be executed Sequantielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Last and the burial-trar Due to (or es a consequença of): Division of Vital Records, P.O. Box 68760, ate has been signed by the attending physician page 2 should be detached for use as the buria Physician/Medical Due to (or es a consequence of): Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 10 3 ☐ Probably 4 ☐ Unknown þ Completed 24b. Were autopsy findings available prior to 24e. Wes en eutopsy performed? completion of cause of deeth? certificate has 1 Yes 2 No 1 ☐ Yes 2 ☐ No or Attanding Physician: Be 25. Was case referred to medical exeminar? 28. Piece of Deeth (Check only one) Other: 4 Nursing Homa 5 Hesidenca 6 Other (Specify) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 2 1 Yes 2 →No this 28c. injury et Work? Certification: 27. Mennag of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred After t 1 Naturel 5 Pending investigation death. 1 ☐ Yes 2 ☐ No 2 Accident within 24 hours efter deat To the Funeral Director: 6 Could not be determined 3 Suicida 28e. Place of injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stele) filled in by 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end piece, and due to the cause(s) end mennar steted. 29a. Certifie Medical (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) De contraction his 6-10-57 DOTEFS 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) Dr. John Hornbaker MD, 11110 Medical Campus Rd. Suite 223, Hagerstown, MD. 21940

Jelia Studior Partal

32. Registrer's Signeture

Registrar

State

31. Dete filed (Month, Day, Year)

MIN 1 01997

Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Gertificate of Death

				Oldio or III		Certificate of			eg. No.	7	9053	
	Physic	s. ion	1. Decedent's Name (First, Middle, L.	ast)				2. Date of Deet Month	h Day	Yeer	3. Time of Death	
	/Medi		Joseph Arde	th MARSCHN	NER			June	10 199		4:88 pm	
	Exami		4a. Facility Name (If not institution, gi	ve street end number)		T I	4b. City, Town, or L	ocation of Death	4c. County of	of Deeth		
			555 Highlar	ıd Way			Hagers	town	Wash	ingto	on	
	Funeral Director			10XM 2□ F	e (In yrs. lest birti	hdey) If Under 1 Yeer Months Days		8. Date of Birth (Month, Dey, March 9	Year) 1930	9. Birthplace (State or Foreign Country) 30 Maryland		
	how		10a. State 10b. County		10c. City, Town	or Location				100	d. Inside City Limits	
	Ma Ma	Director	Maryland Washing	gton	Hage	erstown					1 X Yes 2 □ No	
	th th	Sire	10e. Street and Number			10f. Zip Code		1	0g. Citizen of W	hat Countr	γ?	
	23a		555 Highland Way			217	740		U.S.	Α.		
	r dae	Funeral	11. Maritei Stetus	12. Wes Decedent Armed Forces?	Ever in U,S.	13. Was Decedent of If Yes, specify Cut	Hispanic Origin? (Sp	ecify Yes or No-		- American		
21215-0020	72 hours after death with the Maryland natural; or itema 23a or 28a-f show dical Examiner must be notified at	þ	1 ☐ Never Married 2 🔀 Married 3 ☐ Widowed 4 ☐ Divorced	1 AYes 2 □ I If Yes, Give Yeer or Dates:	No	1 ☐ Yes 2 🖾 No		, mount, oto.,	Specify:		hite	
9	2 ho	Completed	15. Decedent's E	ducation	16a.	Decedent's Usuel Occu	pation		16b. Kind of Bus			
215	hin 7	pje	(Specify only highest gr Elementary/Secondary (0-12)	ede completed) College (1-4or 5	54)	(Give kind of work done life. DO NOT use retin	ed) ed)	ing				
	filed within Hygiena. ther than and, the Mer	NO.	12	6		Teacher			School	_		
Maryland	vant vant	Be	17. Father's Name (First, Middle, Las	1)			18. Mother's Nam	e (First, Middle, A	feiden Sumame	a)		
/la	Went Went rked	To	Francis Marschne	er			Marcel1	e Kotz				
an	permit. Pages 1 and 2 should be filed within 72 hours aftar daath with the Marylar Department of Health and Mental Hygiena. Important: if item 27 is marked other than "natural", or itema 23e or 28e-f show any injury or other traumatic event, the Medical Examiner must be notified at once.		19e. Informant's Name/Relationship	(Type, Print)	19b.	Mailing Address (Stree	at and Number or Rui	al Route Number	City or Town, S	State, Zip C	Code)	
			Nancy H. Marschi	ner		555 Highla	and Way H	lagerstow	n, Mary	land	21740	
ore			20a. Method of Disposition	7-	20b. Plece of cemeters	Disposition (Neme of , cremetory or other ple	ece)		20c. Location - C			
Ĕ	Pages nent of H int: If its		1 ☐ Buriei 2 📉 Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Speci			stown Crema		-13-97	Hagerst	own.	Maryland	
altimore,	permit. Pages Department of Himportant: If the any Injury or of once.		21. Signature of Funeral Service Lice	nsee	- Indepos	22. Name and Addr		linnich H				
m	Depa impo any i		Scatt	W//		415 E. Wi	ilson Blvd		stown,		21740	
			23a. Part1. Enter the diseese, or con shock, or heart failure. List only	aplications that caused one cause on each li	the death. Do no					A	Approximate Interval Between	
	Physician /Medical		Immediate Court (First		1	1	- 1				Onset end Death	
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	icate be executed physician and s the burial-transit		Sequentially list conditions, if any, leading to immediate									
68760,	tificate be executed ig physician and as the burial-transit	a	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury c. Due to (or as a consequence of): that initiated events consequence of):									
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Box	The law requires that the death cert ate has been signed by the attendin paga 2 should be detached for usa	Physician/N								1		
	the s	ysic	Part II. Other eignificant conditions	contributing to death be	ut not resulting In	the underlying cause gi	iven in Part I.	23b. Dld to	bacco use cont	tribute to t	the cause of death?	
P.0	that the dended by the a		enakeren					1□ Y	e 2□ No	3 Probe	ably 4 Unknown	
of Vital Records,	signe bed	by	- Jagar	-								
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ec	e law has b	npi								of de	pletion of cause eath?	
		Co						1 □ Ye	s 20No	1 🗆 🖰	Yes 2□ No	
/ita	Physician: The this cartificata ral director, pag	Be	25. Was case referred to medical examiner?				28. Place of Deal	h (Check only on	9)			
5	hysical dire	2	1 Yes 2 No	Hospital: 1 Inpatle	nt 2 ER/Out	patient 3□ DOA Ot	ther: 4 🗆 Nursing Ho	me 5 Aeside	nce 8 Other	r (Specify)		
	ding Ph h. Aftar th funeral	:uc	27. Manner of Death 1 ■ Natural 5 ■ Pending	28a. Date of Injur (Month, De)	ry 28b. Ti	me of 28c. Inju	ury at ork?	28d. Describe ho	w Injury occurre	d		
0	Attanding ir death. sctor: Aftai by tha fune	atic	2 ☐ Accident Investigatio	n			Yes 2□No					
Division	l or Attending after death. Director: After d in by the fune	Certification:	3 Suicide 6 Could not be determined		ury - At home, fer	m, street, fectory, office		28f. Location (St. City or Town	reet end Numbe . Stete)	r or Rural F	Route Number,	
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	To the Hospital or Attano within 24 hours after death To the Funeral Director: complataly filled in by tha	edicai	29a. Certifier 1 Certifying Pt	nysician: To the best of	of my knowledge,	death occurred at the ti	ime, date and place,	and due to the ca	use(s) and men	ner es stat	ted.	
	the H hin 24 the Fi	Pa	one)	end manner sta	ited.	or Investigation, in my	opinion, death occur	eo at the time, de	ne and place, at	iu due to th	rie Causé(S)	
	To the within ? To the comple	Σ	29b. Signature and title of certifier	4		29c. Licen	se number	25	d. Date signed	(Month, De	By, Year)	
			Much	7,mn		D3	32518		6-11-9	7		
			30. Name and eddress of person who									
			Robert Go	edenet	MD	100 Gee	eting La	ne Ked	5gHZ 11	116 1	IN 2175	
	Sta	te	31. Dete filed (Month, Dey, Yeer)	32. Registre	er's Signature	0				- 00		

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Month **Physician** 1:45 p.m 4, 1997 John June Martin Mead /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner **T4** 470 Avenel Circle Westminster If Under 24 Hrs.
Hours Min.

8. Dete of Birth
(Month, Day, Year)
Sept. 15, 1919 If Under 1 Year 5. Sociel Security Number 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** 1⊠M 2□ F Days Yrs. 220-03-9912 Director Maryland Usual Residence of Decadent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Marical Examinar must be notified at 1 ☐ Yes 2 No Maryland Directo Carroll Westminster 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 470 Avenel Circle Apt. T4 21158 U.S.A. 12. Was Decedent Ever in U,S. Amed Forces? 1 ሺ Yes 2 □ No If Yes, Give 2 / 18 / 46 Yeer or Detes: 2 / 18 / 46 13. Wes Decadent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American indlen, Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours effer c Depertment of Heelin and Mental Hygiena. Important: If item 27 is marked other than "natural". or handaly injury or other treasment. 1 Never Merried 2 Married 1 ☐ Yes 2 No ρ 3 Nidowed 4 Divorced Specify: White Completed 15. Decedent's Education (Specify only highest grede completed) 18e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Steel & Aluminum College (1-4or 5+) Manufacturer 12 Years Gen. Manager & Chief Estimator 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Edward Mead 2 Alice McGinity 19e. Informant's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mr. Robert F. Mead, Sr. 3411 View Ridge Circle Manchester, MD 21102 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State Dete 1 X Buriel 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Woodlawn Cemetery 6/7/97 | Woodlawn, Maryland 21. Signeture of Funerel Service-Licansee 22. Name and Address of Facility Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 21133 Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Physician immediate Cause (Finel disease or condition resulting in death) OROVARY ARTERY DISEASE /Medical 1 day Examiner Due to (or es a consequence of): physician end s the burial-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury thet initiated events resulting in death) Last Due to (or es e consequença of): Physician/Medical Due to (or es e consequence of): X Pert II. Other significant conditions contributing to death but not resulting In the underlying cause given In Part i. 23b. Did tobacco use contribute to the causa of death? 1 Yes 20 No 3 Probably 4 Unknown NON INSULIN DIABETES MELLITUS by 24b. Were eutopsy findings available prior to completion of cause of death? Completed 24e. Wes en eutopsy performed? 1 Yes 1 ☐ Yes 2 No 25. Was case referred to medical examiner? Be 26. Plece of Deeth (Check only one) Hospitai: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 20 No 2 1 Inpatient 2 ER/Outpetient 3 DOA 27. Manner of Deeth funeral 28e. Dete of Injury (Month, Dey Year) 28d. Describe how Injury occurred Certification: 28c. Injury at Work? 5 Pending Investigation 1 Yes 2 No 2 Accident 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 3 Suicide 6 Could not be 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 | Homicide 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, date and plece, end due to the cause(s) and manner as stated.

2 Medicat Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end placa, and due to the ceuse(s) end manner stated. edicai 29a. Certifier (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) Jones K. Gerlinity ma 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)

AVENUE WESTMINSTOR MO

State Registrar

pletaly

32. Registrar's Signature 31. Dete filed (Month, Dey, Year) JUN 06 1997

295

STONER

HOMAS GALVIN MO

To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certific

with the Menyland

death

altimore, Maryland 21215-0020

Box 68760.

Division of Vital Records, P.O.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CER	TIFICAT	TE OF	DEATH	F	REG. NO				
1	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF				. TIME OF DEATH	
1	SAMUEL NI	EEDEL					JUNE	5		997	6.15 A	м
	4. SOCIAL SECURITY NUMBER	5. SEX	. AGE (In yrs. last bit	thday! IF HIM	DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF				6:45 A ACE (State or Foreign	
1	026-01-1348	1 😾 M 2 🗆 F		YRS. MONTH		HOURS MIN.	(Month, De	ly. Year)		Country)		1
		41	04				SEPT.	01,1			SEA, MA	
~	9e. FACILITY NAME (If not institution, give s			9b. CI	ITY, TOWN (OR LOCATION OF D	EATN		9c. COL	INTY OF OE	ITN	
DIRECTOR	HEBREW HOME OF GI	REATER WAS	HINGTON	I	ROCKV	ILLE			MO	NTGOMI	ERY	
5	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY										31(2	
2				Oc. CITY, TOWI	N OR LOCAT	TION				1	0d. INSIDE CITY LIMITS?	
		ONTGOMERY		RC	CKVI	LLE				1	X YES 2 NO	
A	10e. STREET AND NUMBER				101	. ZIP CODE			10g. CI1	IZEN OF WH	AT COUNTRY?	
BY FUNERAL	1801 E. JEFFERSON	N ST. #423				20852				USA		
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMEI) 1	3. WAS DEC	ENDENT OF NISPA	NIC ORIGIN? (S	pecify Yes	or No-		- American Indian,	-
ш	1 Never Merried 2 Merried	FORCES? 1 X	YES 2 NO		It yes, sp	ecify Cuben, Mexico	en, Puerto Rica	n, atc.)	0	Black,	White, etc.	
BY	3 Widowed 4 Divorced	ARMY WW			1 YES	2 X NO Speci	ry:			Specify:	WHITE	
COMPLETED	15. OECEOENT'S EDU	CATION		ENT'S USUAL	OCCUPATIO	ON	165 KIB	ID OF BUI	SINESS/IN	DIJETEV		_
E	(Specify only highest grade Elementery/Secondary (0-12)		(Give I	and of work don NOT use retired	ne durina mo	st of working	TOLK KIN	0 00	JIII COOTIN	DOSTRI		
2	12	College (1-4 or 5 +)	MA	NAGER			-					
<u> </u>	17. FATHER'S NAME (First, Middle, Last)		PIA	NAGER				-		STORE		
	MORRIS NEEDEL					18. MOTNER'S NA						
H	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
6												
- 1	MARLA BANOV 4002 SIMMS DRIVE, KENSINGTON, MD 20895											
- 1	20e. METHOO OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City of Town											
	4 Donation 5 Other (Specify)	Oval Irolli State	SHARON	MEMOR	RIAL 1	PARK	6/8/9	7 51	HAROI	N, MA		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		2	2. NAME AN	D ADDRESS OF FA	CILITY					_
		1 11	1/	D	ANZAN	ISKY-GOLI	DBERG N	1EMOI	RIAL	CHAPE	LS, INC	
	DANZANSKY-GOLDBERG MEMORIAL CHAPELS, II 1170 ROCKVILLE PIKE, ROCKVILLE, MD 208											
	23. PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.											
	iMMEDIATE CAUSE (Final		or dudit title.								Onset and Da	
	disease or condition reaulting in death)	. NON	- HODG	KINC		1. YMF	HOMY	4			2 YEAR	or
	readiting in death)	DUE TO (O	R AS A CONSEGUE	NCE OF):		- / /- (.					Q /4/A	2
2											1	
ō	Sequantially list conditions, if any, leading to immediate	DUE TO (O	R AS A CONSEGUE	NCE OF):							1	-
Ä	cause. Enter UNDERLYING										İ	
E	CAUSE (Disease or injury that initiated events	DUE TO (O	R AS A CONSEQUE	NCE OF):	_						-	
E	resulting in death) LAST											
CERTIFICATION		d									+	_
	PART II. Other aignificant condition					cause given in	Part I. 24s	. WAS AN			ERE AUTOPSY FINDIN	GS
DICAL	CORONARY	ARTERY	DISE	ASE	-		4.5	PERFOR			MAILABLE PRIOR TO OMPLETION OF CAUSE	Ε
							¹'	YES 2	NO.		F DEATH?	
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PHYSICIAN:	DID TOBACCO USE CONTR	RIBUTE TO CAU				UNCERIAI	и П Г					
$\bar{\Omega}$	EXAMINER?	HOSPITAL:		OTH								_
ΥS	1 TYES 2 NO	1 Inpatient 2 E		DOA 4 DEN		e 5 🗆 Rasidence	8 Other (Sp	ecify)				
F	27. MANNER OF DEATH	28a, OATE OF IN (Month, Day,		b. TIME OF	28c, INJI WO	URY AT RK?	28d. DEŞCRII	BE HOW I	NJURY OC	CURED		
BY	1 Netural 5 Pending 2 Accident Investigation			М	1 🗆 Y	ES 2 NO						
	3 Suicide 8 Could not be	28e. PLACE OF I	NJURY — At home,	farm, street, to	ectory, office		281. LOCATIO	N (Street e	nd Numbe	r or Rural Rou	te Number,	
COMPLETE	4 Nomicide determined		a (opcomy)				City or io	wn, State)				
3	290. CERTIFIER 1 CERTIFYING PAYOR	CIAN: To the heat of an	r knowledge death				20.00	13.701	77 - C.	- 17		_
₹	(Check only one) 2 MEDICAL EXAMINE											
8	- MEDICIE EXAMINE	R: On the bests of exam	milation end/or inve	rugiition, in my	opinion, de	eath occured at the	time, date and	place, en	d due to ti	he Cause(s) e	nd manner es stated.	í.
BE	296. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUI			29d. DAT	E SIGNED (A	lonth, Day, Year)	
	scene -	fapron	J MI			00	5885		16	15/9	7	
2	30. NAME AND ADDRESS OF PERSON WHO		OF DEATH (ITEM 27) (Type, Print)								
	STEVEN LIF	SON, M	D la	21 1	10007	KOSE	RD	20	OK	11.11		
		20101	and the			7	1		Personal Property of	UICLE	and the same of th	
	24 DATE FILED (Mark) by Mail 6	32. REGISTRAR	SIGNATURE			7	1-01			VICE		
	31. DATE FILED (MONTO P) 9 19	97 32. REGISTRAR'S	SIGNATURE L'AUTOSON-	Pandelle		KOSE	1-01			Vice		

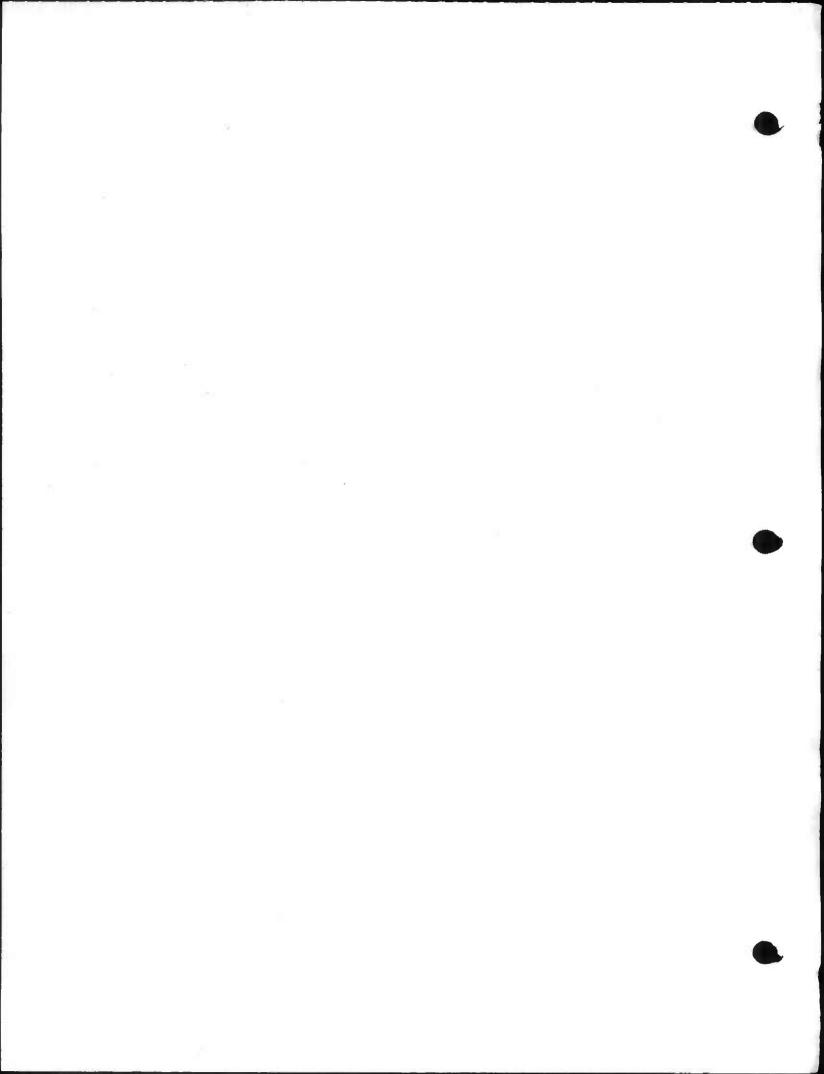
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writhin DIVISION OF VITAL RECORDS, P.O. BOX 68760,

nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. 10

DHMH-18 Rev 1/89



State of Maryland / Department of Health and Mental Hygiene

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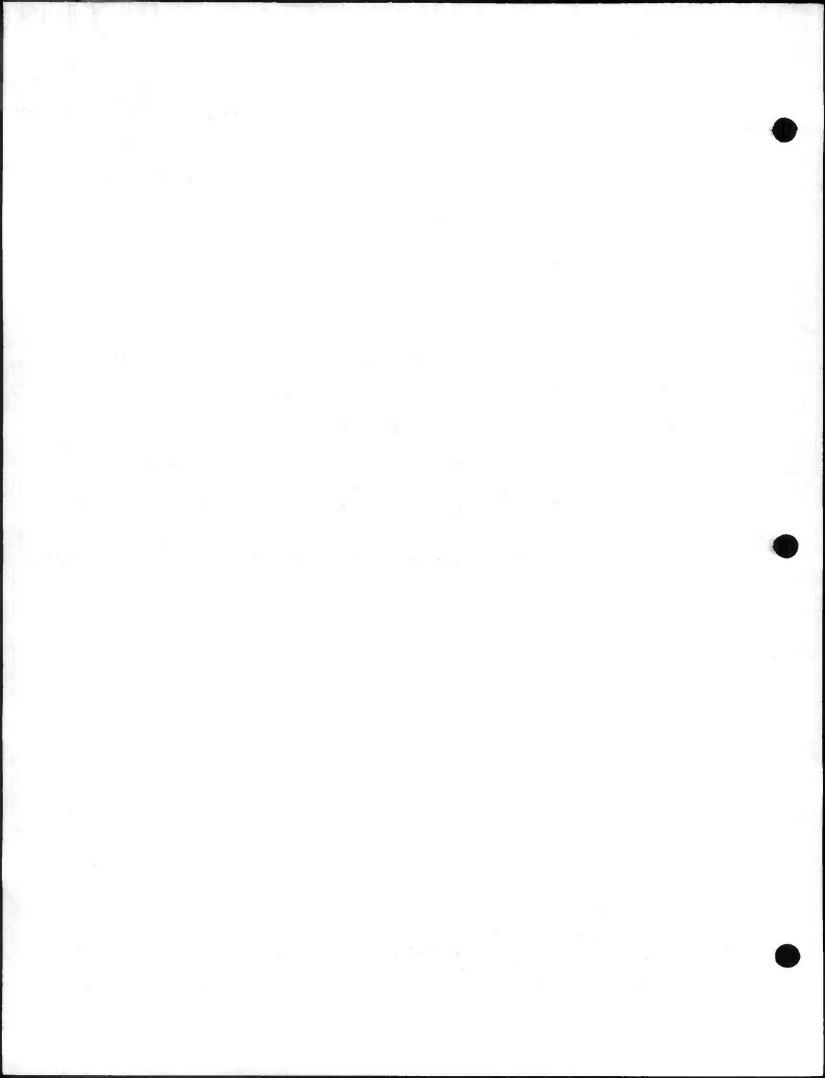
							Certific	cate of	Death		Reg.	No.			000
Physici	an	1. Decedent's Name (First, Mic	dle, Les	t)						2. Dete of	Deeth	Dey	Yeer	3. Tim	e of Deeth
/Medic		PH	LIP	PE M.		NEF	F			JUNE			997	1	2:40 A
Examin		4e. Fecility Neme (If not institut	ion, <i>giv</i> e	street end numbe	r)				4b. City, Town, o	or Location of D	eeth	4c. County	of Deeth		
	_	5611 PARK	7						BETHE				MONTGO	OMER	Y
Funeral Director		5. Sociel Security Number 577-20-4000 Usuel Residence of Decedent	6. Se	X M 2□ F	75			Inder 1 Yeer nths Deys		in. (Month	Birth Day, Ye	1922		lece (State) ANCE	te or Foreign
dand m		10e. State 10b. Coun	ty		10c. C	ity, Town	or Location	1					10	Od. Insid	e City Limits
with the Maryland a or 28a-f show	tor	MD. MON	TGO	MERY			BETH	ESDA						12	res 2□No
ith the	Director	10e. Street end Number					1	f. Zip Code			10g.	Citizen of	Whet Count	try?	
23a c	a.	5611 PAR	STO	N RD.				20	0816			T	J.S.A.		
das das	Funeral	11. Marital Status		12. Was Deceden Armed Forces	t Ever in l	J,S.	13. Was E	Decedent of	Hispenic Origin? Dan, Mexican, Pu	(Specify Yes or	No-	14. Red	ce - Americe	en Indler	٦,
a y	by	1 ☐ Never Merried 2 ☐ Ma 3 💢 Widowed 4 ☐ Divorce		1 ☐ Yes 2 ☐ If Yes, Give Year or Dates	[No			es 2 X No		arto Filoan, etc.		Specif	ck, White, e	ITE	1.5
"naturel".	Completed	15. Decede (Specify only high	nt's Edu	ication		16e. C	ecedent's	Usuei Occu	petion during most of w	wating	16b	. Kind of B	usiness/ind	lustry	-15-
- A	nple	Elementery/Secondary (0-12		College (1-4or	5+)	- '	ife. DO N	OT use retire	ed)	TOTKING					
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f Haali item 2 other		LISA N. I	נתאט	/DAUGHTE	and the second		SAME Disposition		TEM #10	Dete	200	Lacation	- City or Tov	- Ctot	
9 = = 9		1 ☐ Burial 2 Cremetion			9	cemetery,	cremetory	or other ple	•						
pemit. Pa Departmer Important: any Injury any Injury		4 Donetion 5 Other (C	HAMBI		REMAT(6/10		RIVER	DALE,	MD.	
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requires that the death cartificata be axecuted seen signed by the attending physician and hould be datached for use as the burial-transit	edical Examiner	resulting in deeth) Sequentielly list conditions, if eny, leeding to immediate cause. Enter Undertying Cause (Disease or Injury that initiated events resulting in deeth) Lest	\	5.	Due to (or es e co	nsequence	of):							
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Physician: this certific ral director,	To Be	exeminer? 1 ☑ Yes 2 ☐ No		lospital:	ient 2	ER/Outo	otlant 2	DOA OII	oor:	eeth (Check on Home 5 R	-	- C - Out	(0/-	1	
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al or Attending Is after death. Il Director: After ed in by the funer	Certification:	3 Sulcide 6 Could deter	not be nined	28e. Plece of In building, e	jury - At h	ome, ferm	ı, street, fe	ctory, office		28f. Locatio City or	n (Street Town, St	end Numb	er or Rurai	Route N	lumber,
	edical	29a. Certifier (Check only one) 1 ☐ Cartify 2 ☐ Medica	ng Phys Examir	alcfen: To the best har: On the basis of and menner st	or exemine	owledge, o	leeth occur or investige	rred et the the	me, dete end plea opinion, deeth occ	ce, end due to t curred et the tim	he ceuse ne, date e	e(s) and me end place,	enner es ste and due to	ited. the ceus	e(s)
V Vithir Comp	Section 1	30. Name and address of person	Sony	Snow	ohel			29c. Licens	se number (200)	29d	ale signe	d (Month, D	ey, Year	7)
		30. Name and address of person	who co	mpleted cause of o	death (Iter	n 23e) (Ty	rpe, Print)	SSACIO	145605	5 AVE,	Nu	, w	ASIMA	400	700
Stat		31. Dete filed (Month, Day Kea	0 1	32. Regist			30								

. No. 10 (1) 10

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

			Decedent's Name (First, Middle, La		arylaric		ficate of	Death	2. Dete of De	Reg. No.	7 1	9057
	Physic	ian		,					Month	Dey	Yeer	3. I = 1 = th
d	/Medi				Vimci	V			MAY	30	97	1807 PM
	Exami	ner	4a. Fecility Neme (If not institution, gir				4	lb. City, Town, or I				
		м	5100 Brentford Dr					Rockvil			gomery	
	Funeral Director		143-24-0695	Sex 7. Age	e (In yrs. le 86		Under 1 Year Ionths Deys	If Under 24 Hrs. Hours Min.	8. Dete of Bir (Month, De Sept.	th by, Year) 13, 1910	9. Birthpled Country Pola	ce (Stete or Foreign) and
	death with the Maryland ms 23s or 28s-f show	-	Usuel Residence of Decedent 10e. Stete 10b. County		10c. City,	Town or Locati	ion				10d	I. Inside City Limits
	Sa-f	5	Maryland Montgo	mery	Ro	ckville						1 □ Yes 2 No
	# P P P	Oir.	10e. Street and Number				10f. Zip Code			10g. Citizen of	Whet Country	n
	23a o	20	5100 Brentford D	rive			20852			United	d State	es
020	or its	by Funeral Director	11. Meritel Stetus 1 Never Married 2 Married 3 Widowed 4 Noticed	12. Wes Decedent I Armed Forces? 1 Yes 2/7 N If Yes, Give A Year or Detes:			S Decedent of Hes, specify Cube	ispanic Origin? (S in, Mexicen, Puert Specify:	pecify Yes or No Rican, etc.)	Specify	ce - American ck, White, etc	3.
Ö	"natural",	8	15. Decedent's E	ducetion		16e. Decedent	's Usuel Occup	etion		16b. Kind of B		
21215-0020	d 2 should be filed within 7: thend Mental Hygiene. 7 is marked other than "ns traumatic avant, the Medi	Completed	(Specify only highest gra Eiementery/Secondery (0-12)	ade completed) Coilege (1-4or 5	+)	(Give kind	d of work done o NOT use retired	during most of wor	king	Dept. o Human	of Hea	1th &
pu	office file	Be	17. Father's Neme (First, Middle, Last)				18. Mother's Nen	ne (First, Middle	, Maiden Sumen	ne)	
Maryland	should be and Mental I marked of urnatic ava	To	Volodymyr Nimci	V				Helen	a Zuk			
an	sho should be made	1	19e. Informent's Neme/Reletionship (Type, Print)		19b. Meiling A	ddress (Street	and Number or Ru	re/ Route Numb	er, City or Town,	State, Zip Co	ode)
	end 2 palth n 27 i		Theresa M. Weinh	eimer		35 Lar	ch Row,	Wenham	, MA O	1984		
Baltimore,	ges 1 If Iten or oth		20e. Method of Disposition 1 X Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specil	Removei from State	cer	ece of Disposition metery, cremato		e)	Date	20c. Location		
alti	pemit. Pa Depertmen Important: any injury ance.		21. Signeture of Funerel Service Licer	nsee/	NOCK	22. No	ame and Addres	ss of Facility al Servi	0-1-31	_waziriii	aron, 1	J.C.
B	Depermination of the series of		> Some	1/ Rad	20	кар	p Funer	van Servi Evenue, S	ces, P.	Α.	10 000	
	Physician /Medical Examiner	er	23e. Pent1. Enter the disease, or com shock, or heart feilure. List only Immediate Ceuse (Finel disease or condition resulting in death)	· Myoci	IRD		iNY			rrest,	In O	pproximate nterval Between inset and Deeth
	and I-transit	Examiner	Sequentially list conditions,	b. —	Due to (or o	es e consequen	ice of):					
68760,	ifficete be executed g physician and es the bunel-transit	edicai E	Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in deeth) Lest	c	Due to (or e	es a consequen	ce of):		- 3			
Box (thet the death certified by the ettending detached for use et	Physician/Me		d							<u> </u>	
	the e	/sic	Part II. Other significant conditions of	ontributing to death bu	it not result	ting in the under	rlying cause give	en in Pert I.	23b. Did	tobacco use co	ntributa to th	ne cause of death?
s, P.O	requires thet the death cer neen signed by the ettendin hould be detached for use	by Phy							1 🗆	Yes 2□ No	3 Probet	oly 4 Unknown
Records,	2 S S	Completed								en eutopsy ormed?	avella	autopsy findings able prior to pletion of ceuse eth?
	Page at	S							10	Yes 2 The	1 🗆 Y	res 20 No
of Vital	Physician: The this certificate ral director, pag	Be	25. Wes case referred to medical exeminer?					26. Place of Dea	th (Check only	one)		
7	E 00 0	2	1 Yes 2 No	Hospitel: 1 ☐ Inpatie	nt 2DE	R/Outpetient	3□ DOA Oth	er: 4□ Nursing H	ome 5 🕅 Resi	dence 6 Oth	er (Specify)	
o uo	Hing After fune		27. Menner of Death 1 ☑Netural 5 ☐ Pending 2 ☐ Accident investigation	28a. Dete of Injur (Month, Dey	Year) 2	28b. Time of Injury	28c. Injun Work	/ et ⟨? Yes 2 □ No	28d. Describe	how injury occur	red	
Division	tal or Attending rs after death. al Director: After ed in by the fune	Certification:	3 ☐ Suicide 6 ☐ Could not b 4 ☐ Homlcide determined		ry - At hom . (Specify)	ne, ferm, street,	fectory, office		28f. Location (City or To	Street end Numb wn, Stete)	ber or Rural R	loute Number,
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edicai	29e. Certifier 1 Cartifying Ph (Check only one)	ysician: To the best o niner: On the basis of end menner sta	examinatio	edge, death oco on end/or investi	curred et the tim igetion, in my op	e, dete end place pinion, death occu	end due to the red et the time,	cause(s) and ma date end plece,	anner es stete and due to th	ed. e cause(s)
	Vith To th	Σ	29b. Signature and title of certifier	000		- 1	29c. License	number		29d. Date signe	d (Month, De	y, Yeer)
	10		- X	Cellelle	111	10	DAZ	099		MAY	31	97
			30. Name end eddress of person who	completed ceuse of de	ath (Item 2	23a) (Type, Prin	t)	7 6			11	
			PRANCIS C MI	TULE 10 21		ERNU		KD BE	THE	50× /1	10 :	20817
1	Sta	ite	31. Dete filed (Month, Gay, Year)	1997 32. Registre	r's Signatu	re dam Ran	1.00					

DHMH 16 Rav 6/95



		4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.		OF BIRTH		a. BIRTH	IPLACE (State
		233-68-3821		1 M 2 X F	51	YRS.	MONTHS	DAYS	HOURS MIN.	(Mont	n, Day, Year) 21.1	9/5	Count	" Virg
should		9e. FACILITY NAME (If not in	stitution, give st	reet end number)			9b. CITY	, TOWN C	OR LOCATION OF E		,-		NTY OF D	
63	2	Western Mar	yland	Hospital	L		Hag	erst	town			Wash	inat	on
1, 2,	15	RESIDENCE OF DEC												
if. Pages	DIRECTOR	WV	Jeff	erson			r, town o							10d. INSIDE LIMITS 1 YES
nsit permit.	ERAL	1 Meadowla		.ve				101	25430			10g. CITI	S.A.	WHAT COUNT
1215-0020 or attending physician. r use as the burial-transit	BY FUNE	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		FORCES?	T EVER IN U.S. AR	MED (O	1	it yes, sp	ENDENT OF HISPA ecify Cuben, Mexic 2 NO Spec	en, Puerto	N? (Specify Yes	or No—	Black	E — American k, White, atc.
215 attend	a	15. DEC	EDENT'S EDUC	ATION		CEDENT'S				166	. KIND OF BU	SINESS/IND	USTRY	
CA 20	COMPLET	Elementary/Secondary (0		College (1-4 or 5	+}	Do NOT US	se retired.)	Hom	st of working emaker		Own 1	Home		
MARYLAND retained by the hospit 5 should be detached notified at once.	S S	17. FATHER'S NAME (First, Mi	iddle, Last)				anoz		16. MOTHER'S N	AME (First,				
2 2 2 X	111	Alonza S.	Welch						Kathe	rine	Fritts	S		
MAR retained t 5 should	10	19e. INFORMANT'S NAME (7)			191	. MAILING	ADDRESS	(Street e	nd Number or Rural	Route Num	ber, City or Tow	n, State, Zip	Code)	
4D 4D		James Sherm	an New	comb	1	Meac	lowla	nd [Drive, K	earne	eysvil:	le, W	V 25	430
- FE CA.		20a, METHOD OF DISPOSITI 1 X Burlel 2 Cremetic 4 Donation 5 Other	n 3 🗆 Remo	oval from State	20b. PLACE	AND DATE	OF DISPOS	ITION/Na		DAT	E 20c. LO	CATION —	Cify or To	
BALTIMORE, sitter death. Page 6 may by the funeral director, pag, moval.		21. SIGNATURE OF FUNERAL	L SERVICE LICE	ENSEE	0		22. M	elvi	n T. St	rider	Co.,	Inc.		
after by the		23. PART I. Enter the of	seasea, or c	omplications the	it caused the de	ath. Do r	ot enter	the mo	Box 388	. Cha	rles	Cown arm	WV	25414 Appro
in 24 hour stilled is nation, or the me,		ehock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart fellure. L	list only one cau	use on each line							,	,	Onsei
B 6 4	_	reading in death)	· _ ·	(1 0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OR AS A CONSEC	OUENCE OF	7.1	it.	,3rd/	1,000	(1)	Ra	. 0	
BOX 687/ ficate be executed physician and con ne prior to burial,	ATION	Sequentially list condition of the sequential of	ilate	DUE TO	(OR AS A CONSEC	DENCE OF	ni pi	ul	1 0	rife	1, 9	van	a	10
certificate of the physical ph	RTIFICATION	CAUSE (Disease or injust that initiated events resulting in death) LAST		DUE TO	(OR AS A CONSEC	DUENCE OF	7):							
	8	DAST II Dahar similia												_
ORD that the led by the led by the and is any inj	MEDICAL	PART II. Other aignificant of the start of t	e Ki	wall D	s nease	eaulting i	1)		dialy		24a. WAS AN PERFOR	MED?	24b.	AWAILABLE P COMPLETION
S Feel S		Francis	Depen	ident	Dialet	ly !	yel	lit	u 1		1 123 2	X		OF DEATH?
Las bept 23	CIAN	DID TOBACCO US	A CONTRACTOR OF THE PARTY OF TH	IBUTE TO CA		TH YE		40 P	UNCERTAI	ΝЦ				
P f a a a a	띯	EXAMINER?		HOSPITAL:		1	OTHER	t:						
OF VITA PHYSICIAN: The this certificate It with the State Ked, or Item	PHYSIC	27. MANNER OF DEATH		28e. DATE OF	INJURY	26b. TIM		28c. INJ	5 Reeldence	_	r (Specify) CRIBE HOW II	NJURY OCC	IIBED	
O 축원품 호		-	Pending nvestigation	(Month, D	lay, Year)	INJ	URY M	WO	RK?	200.000	OTHER HOW I	NOONI OCC	OHED	
0 5 4 5 4	TED BY	3 Suicide 6 0	Could not be	26e. PLACE O building,	F INJURY — At horetc. (Specify)	me, ferm, s	treet, tacto	ory, office		28f, LOC City	ATION (Street e or Town, Stete)	and Number	or Rural R	loute Number,
OR OR DIRE	COMPLETED	29e. CERTIFIER (Check only	FYING PHYSIC	IAN: To the best of	my knowledge, de	th occum	od at the ti	me date	and place, and du	to the en			-	
₹ ₹ ₹ ₩	OMI			: On the besie of e) end manner
THE HOSPI THE FUNER filed within PORTANT:	w l	296 SIGNATURE AND TITLE	OF CERTIFIER		_	-			29c. LICENSE NU	MBER		29d. DATE	SIGNED	(Month, Day,
TO THE TO THE De filed IMPOR	TO B	The Mari	e OK	an. M.	D.				226	416		•	6/5	197
	P=	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CALL	SE OF DEATH (ITEM	1 27) (Sme	Delect						-	

Julia Develor Rach

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

Doris Louise Newcomb

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

10g. CITIZEN OF WHAT COUNTRY? U.S.A.

8:10 PM

BIRTHPLACE (State or Foreign Country)

West Virginia

14. RACE — American Indian, Black, White, atc.

Specify: White

Martinsburg, WV

Approximata interval Between Onset and Death

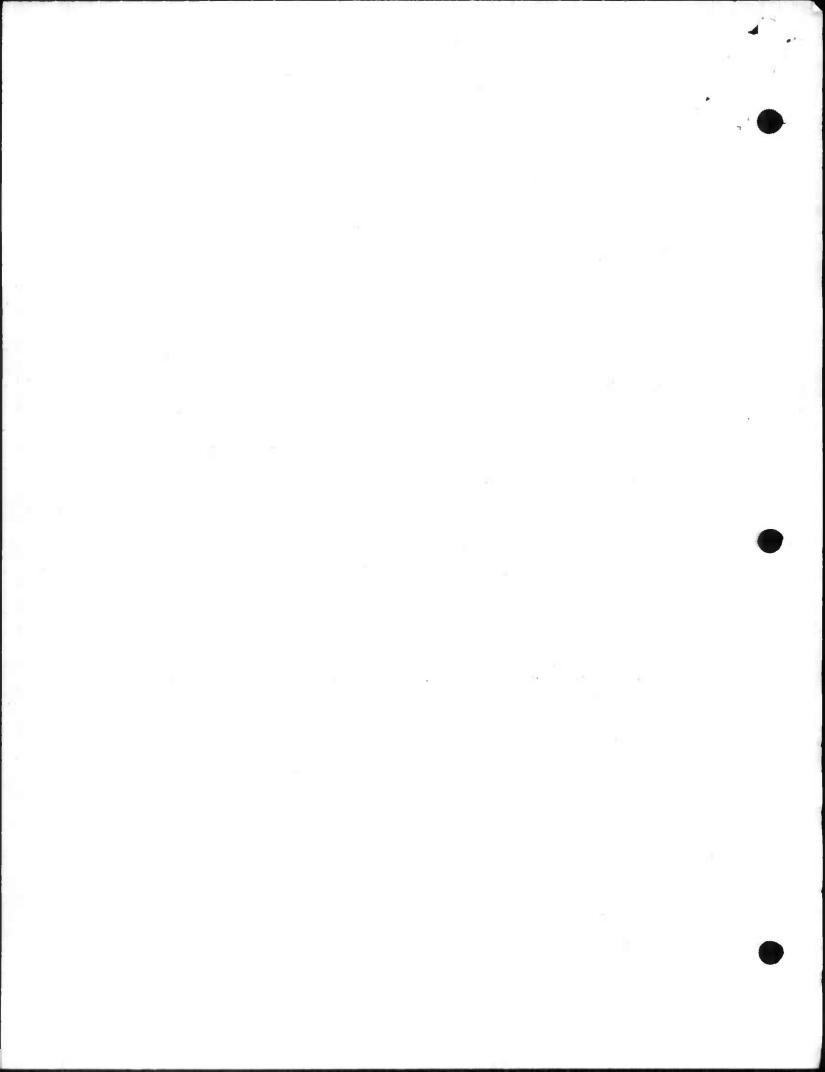
24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO

end due to the cause(s) end manner es stated. 29d. DATE SIGNED (Month, Day, Year)

10d. INSIDE CITY LIMITS? 1 TES XX NO

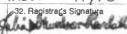
2. DATE OF DEATH JUNE

DHMH-18 Rev 1/89



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Neme (First, Middle, Last) 2. Data of Death **Physician** Month 1040 PM Howard Ray Nave, Sr. 1997 June /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Daath 4c. County of Deeth Examiner 13431 Pectonville Rd. Big Pool Washington 7. Age (In yrs. last birthday) If Undar 1 Yaar If Under 24 Hrs. 8. Deta of Birth (Month, Day, Year) 5. Sociel Sacurity Number 6. Sex 117 M 2□ F Birthpiace (State or Foreign Country) **Funeral** 64 Yrs. Director 217-28-6035 Sept.25,1932 Maryland death with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Director 1 ☐ Yes 2 X No Big Pool Maryland Washington 10e. Street and Number 10f. Zip Coda 10g. Citizan of Whet Country? 13431 Pectonville Rd. 21711 USA 12. Wes Decedant Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Maxican, Puarto Rican, etc.) Raca - Amarican Indien, Black, Whita, atc. Pages 1 and 2 should be filed within 72 hours efter 1 Navar Married 2 Married 21215-0020 1 ☐ Yas 2 ☐ No If Yas, Giva Year or Datas: Specify: þ White Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 15. Dacedant's Education 16a. Dacedant's Usuai Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry (Specify only highast grada complated) I Hygiene. Elamentary/Secondery (0-12) College (1-4or 5+) 8 Water Treatment Operator Leather Manu. of Health end Mental Hygie Hem 27 is marked other if r other traumetic event, to Baltimore. Maryland 17. Father's Neme (First, Middla, Last) 18. Mothar's Name (First, Middla, Maidan Sumeme) Be Edward Bailey Nave Mary Agnes Nalley 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Steta, Zip Coda) permit. Pages 1 and 2 a Department of Health er Important: If Item 27 is any injury or other trau once. 13431 Pectonville Rd. Big Pool, MD 21711 Opal Nave/Wife 20b. Placa of Disposition (Nama of cematery, cramatory or other plece) 20a. Method of Disposition Data 20c. Location - City or Town, Steta 1 X Burial 2 Cramation 3 Removal from State 4 ☐ Donation 5 ☐ Othar (Specify) Park Head Cemetery 6-11-97 Big Pool, MD 22. Nama end Addrass of Facility
Osborne Funeral Home 425 S. Conococheague St. 21. Signature of Funeral Service Licensis Williamsport, MD 21795 in, or complications that causad tha daath. Do not antar the mode of dying, such as cardiac or raspiretory errast, List only one ceusa on each lina. Approximate Intervel Batwean Onsat and Death Physician /Medical tmmediate Ceuse (Final (Non- Hodskin's) 3 years disease or condition resulting In death) **Examiner** Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disaesa or Injury that initiated events resulting in death) Last Dua to (or as a consequance of): buriel-trai Box 68760. attending physician for use as the burie Physician/Medical Dua to (or as e consequence of) P.O. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown Division of Vital Records, þ Completed 24b. Wara autopsy findings evallabla prior to 24a. Was an autopsy comptation of causa of death? certificate has 1 ☐ Yas 2 ☐ No 1 ☐ Yas 2 ☐ No or Attending Physician: Be 25. Was case rafarred to medical axaminar? 26. Ptaca of Daath (Check only ona) Other: 4 Nursing Homa 5 Assidance 6 Other (Specify) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Certification: To 1 Yas 2 No this 28a. Deta of Injury (Month, Day Year) 27. Manner of Daath 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred After 1 Natural 5 Pending Investigation s efter death. 1 Yas 2 No 2 Accident 6 Could not ba datarmined 3 ☐ Suicida 28a. Placa of Injury - At home, farm, streat, factory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) filled in by 4 Homicida To the Hospital of within 24 hours of To the Funeral D Medical 29a. Certifier 1 🗹 Certifying Phyatcian: To the best of my knowledge, deeth occurred at the tima, data and placa, and dua to tha causa(s) and menner es statad. (Check only one) 2 Medicat Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, end due to the causa(s) end manner stated. 29b. Signatura and titla of certifiar 29c. License number 29d. Deta signed (Month, Dev. Year) 6.9.97 30. Nama end addrass of person who completed causa of deeth (Item 23a) (Type, Print) McCorneck medical Campus Suite 130 Hogerstown, MD 21942 Michael J. 11/10 31. Data filed (Month, Day, Yaar)

State Registrar SUN 1 01997



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Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Pearl Catherine Neal May 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death 9193 Bi State Blvd. Delmar Wicomico 5 Social Security Number 8 Sex 7. Age (In yrs. last birthdey) Birthpiaca (Stete or Foreign Country) 1 M 2 F 218-20-6645 73 Yrs Maryland Usuai Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits 1 X Yes 2 □ No Maryland Dorchester Cambridge 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 810 Phillips Street 21613 USA 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ② No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, apecify Cuben, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Race - American Indian, Black, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 No Specify: Specify: 3 Widowed 4 □ Divorced Black. 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) Coliege (1-4or 5+) Laborer Factory - Cannery 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Joseph Murray Josphine Pinkett 19a. informant'a Name/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Shelly Neal (grand-daughter) 607 Pine St., Apt. C, Cambridge, Maryland 21613 20b. Place of Disposition (Name of cametery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Burlai 2 ☐ Cremation 3 ☐ Removal from State Maryland Veteran's Cem. 6/9/97 Beulah, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Liganose 22. Name and Address of Facility Bennie Smith Funeral Home .0.Box 1687, Easton, Maryland 21601 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart tailure. List only one cause on each line. Approximata Onset and Death immediete Cause (Finel metaclatic duodenal CA 6 mo disease or condition resulting in death) Due to (or as a consequence of): farture Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initioted events resulting in death) Last Due to (or as a consequenca of): dut Due to (or as a consequence ot): Part ti. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yss 2 No 24b. Were autopsy tindings available prior to 24a. Was an autopsy performed? completion of cause of death? 1□ Yes 2 No 1 ☐ Yes 2 ☐ No

Physician /Medical Examiner

The law requires that the death certificate be executed

Box 68760.

Records, P.O.

Division of Vital or Attanding Physician: **Physician**

/Medical

Examiner

Funeral

Director

mast be notified at

items 23a

permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or item any injury or other traumatic event, as Medical Exercises

Baltimore, Maryland 21215-0020

Director

Funeral

þ

Completed

the Maryland

Examiner physician and s the burial-tran Physician/Medical for use as 88 signed t ģ Completed page 2 s Be 2 To the hosprom.
within 24 hours effer death.
To the Funeral Director: Affer this 27. Magner of Death 1 Natural Certification:

25. Was case referred to medical examiner? 1 Yes 25 No

2 Accident

4 Homicide

(Check only one)

31. Date filed (Month, Day, Year)

3 Suicide

29a. Certifier

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of injury (Month, Day Year) 5 Pending investigation

28b. Time of

28e. Placa of injury - At home, farm, atreet, factory, offica bullding, etc. (Specify)

Other: 4 Nursing Home Residence 8 Other (Specify) 28c. Injury et Work? 1 Yes 2 No

28. Place of Death (Check only one)

28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 110 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as ataled.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated.

28d. Describe how Injury occurred

29b. Signature and title of også

6 Could not be determined

29c. License number C1000 48416 29d. Dete eigned (Month, Dey, Year)

D 0050675 30. Name and address of purson who combined cause of death (item 23a) (Type, Print) W DR. James Wasson 300 N. Dual Highway, Laurel, De. 19956

State Registrar

Medical

JUN 1 3 1997



DHMH 16 Rav 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3 Time of Death **Physician** SARA L. **POTTS** June 11. 1997 /Medical 5:10 PM 4a. Fecility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Collingswood Nursing Center Rockville Montgomery If Under 24 Hrs. If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) 8. Dete of Birth (Month, Day, Year) 1□M 2□F Months Deys Hours Yrs. 076-26-6245 93 Sept 26, 1903 Pennsylvania Usual Residence of Decedent 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☐ No Director Maryland Montgomery Bethesda 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 6435 Wiscasset Road 20816 United States 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxicen, Puerto Rican, etc.) 14. Rece - American Indien, Black, White, etc. 11. Marital Status 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☐ No Specify: by Specify. 3√ Widowed 4 Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumeme) Be 2 James H. Watson Elizabeth E. Bradbury 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) William J. Potts, Jr., Son 6435 Wiscasset Road, Bethesda, MD 20816 20a. Method of Disposition 20b. Placa of Disposition (Neme of cemetery, cremetory or other place) Dete 20c. Location - City or Town, State June 16 Cremation 3 Removel from State 5 Other (Specify) Immaculate Heart Cemetery 1997 Linwood, PA 21. Signature neral Service Literage 22. Name and Address of Facility DeVol Funeral Home 2222 Wisconsin Ave, NW Washington, DC 20007 23e. Pert1. Enter the disea of the complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure of List only one cause on each line. Approximate Interval Between Onset and Death Immediate Ceuse (Finel neuma disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Lest Due to (or as a consequence of): Due to (or es e consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Whknown 24b. Were eutopsy findings eveileble prior to completion of cause of death? 24e. Wes en eutopsy performed? 1 Yes 2 No 1 Yes 2 Nd 25. Was case referred to medical examiner? 26. Piece of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Notising Home 5 Residence 6 Other (Specify) 1 Yes 2 No 27. Manner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Hatural

/Medical **Examiner** The law requires that the death certificete be executed ettending physician end for use es the buriel-tran P.O. Box 68760, Records,

Division of Vital or Attending Physician:

To the Hospital

Physician

Physician/Medical Examiner signed by d be detacl page 2 certificate within 24 hours efter deeth.

To the Funeral Director: After this certific completely filled in by the funeral director, Certification: To

Examiner

Funeral

Director

28a-f show

traumatic event, the Medical Examiner must be notified at

permit. Peges 1 and 2 should be filed within 72 hours after of Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or feer may fujury or other traumatic event, the Medical Examinat 9008.

Baltimore, Maryland 21215-0020

the Meryland

death with 6 Items 23a

Be Completed by

Medicai

4 T Homicide 29a. Certifier

2 Accident

3 Sulcide

5 Pending Investigation

6 Could not be determined

Piace of Injury - At home, farm, street, factory, office building, etc. (Specify)

1 Yes 2 🗌 No

28f. Location (Street and Number or Rural Route Number, City or Town, State)

1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and plece, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated.

29b.	Signature	and	title	of	certifler

29c. License number

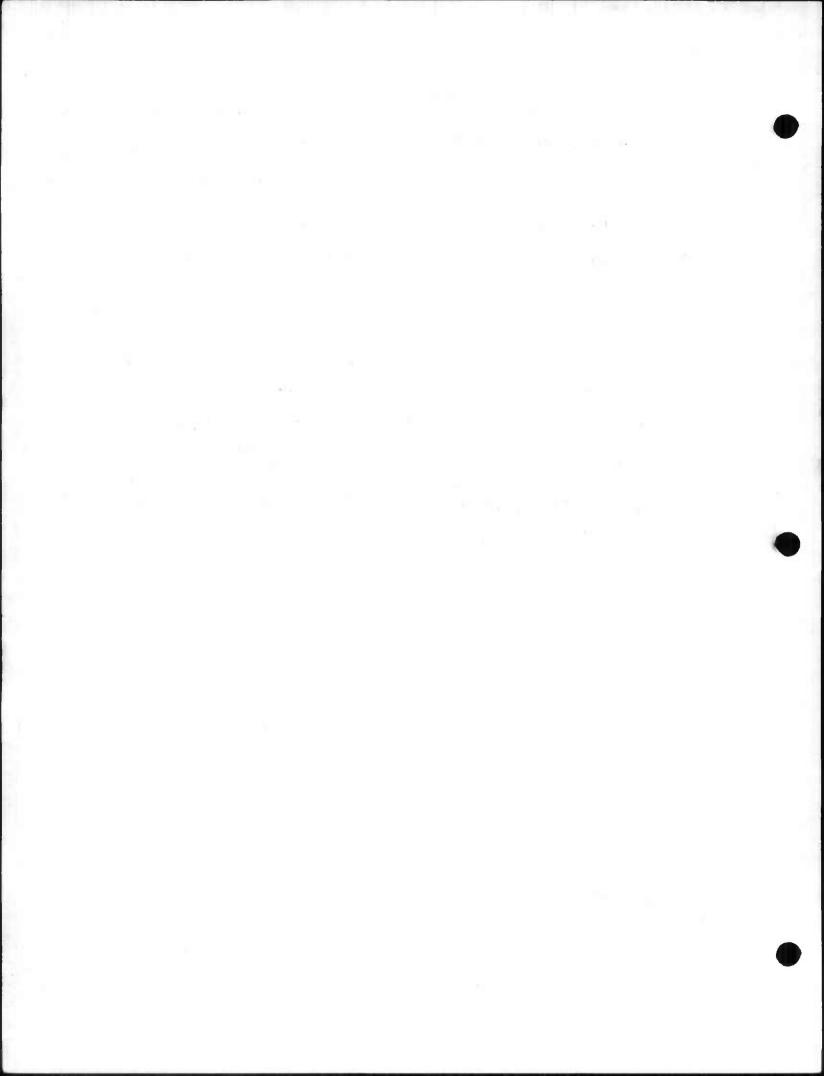
29d. Date signed (Month, Day, Year)

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

2300 140

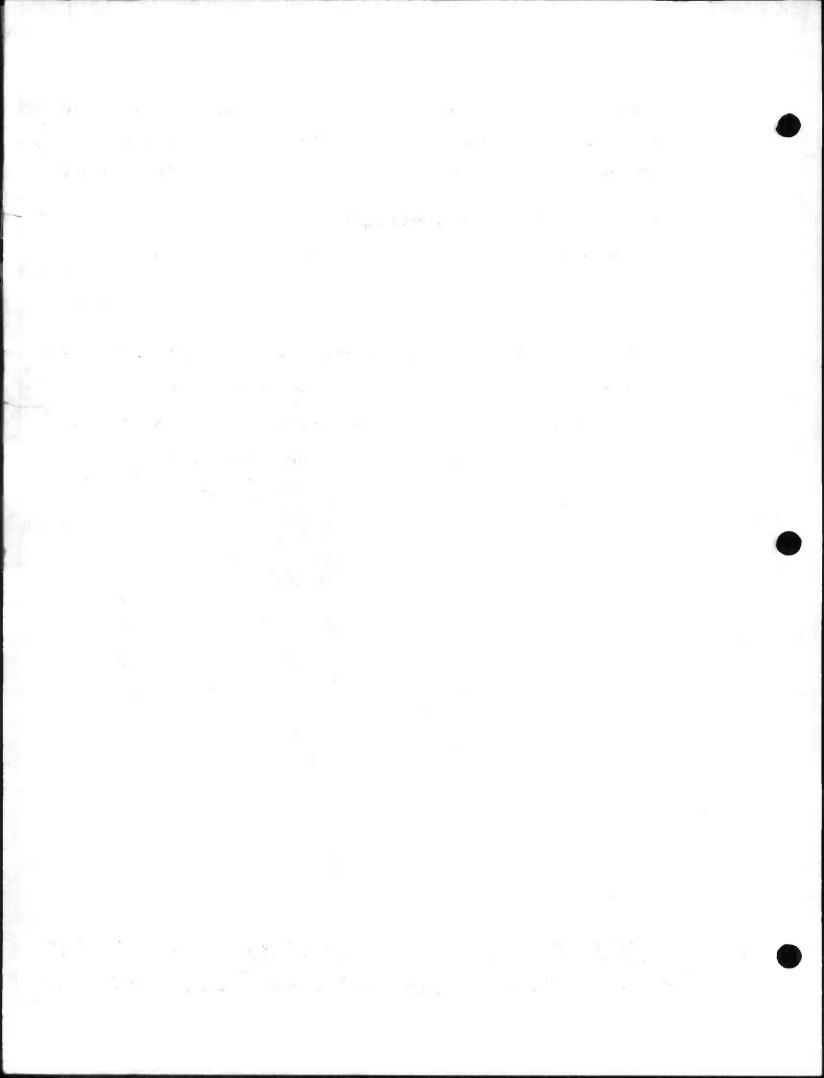
State Registrar

3



State of Maryland / Department of Health and Mental Hygiene 9 7

Brooke Grove Adventist Nursing Home Olney Montgomery 5. Social Security Number 277-28-1947 Usuel Residence of Decedent Brooke Grove Adventist Nursing Home Olney Montgomery 7. Age (In yrs. last birthdey) House 1 Year House Min. Deys Hours Min. Reb. 16, 1915 South Africa						Ce	ertificat	e of	Death		Re	g. No.			006
Dennis J. Prins J. Prins J. Prins J. Prins J. Prins J. Prins J. County Brooke Grove Adventists Nursing Home Brooke Grove Adventists Nursing Home Brooke Grove Adventists Nursing Home John J. Section of Location J. County J. Appl. Prys. sard circles of Section J. Prins J. Appl. Prys. sard circles of Section J. County J. Appl. Prys. sard circles of Section J. County J. C	DI		1. Decedent's Neme (First, Middle, La	st)									Vees	3. Tim	ne of Death
## Facility Names of any histotrics, para street and number ## Facility Names of any histotrics, para street and number ## Facility Names of any histotrics, para street and number ## Social Security Number #		-	Dennis	J. I	rins									12	:05 A.
Social Society Number Size Top	Examine	- 11	4e. Facility Neme (if not institution, giv	e street end numbe	or)				4b. City, To	wn, or Lo		-			
Dues Desiration of December Dues December Dues			Brooke Grove Adv	entist Nu	ırsing	Home			Olne	у		Mont	gomer	У	
Dues Desiration of December Dues December Dues	uneral				Age (In yrs. I	last birthdey			If Under		8. Dete of Birth		0	<i>a</i>	ete or Foreign
Dues Desiration of December Dues December Dues	rector		277-28-1947	Log M 2□F	82	Yrs.	Months	Deys	Hours	IVIII I.	Feb. 16	, 1915	South	Af	rica
Maryland Montgomery Silver Spring 107.05 Code 109. Citizen of White County? 109. September 109	4														
Mary Land Mont gomery Silver Spring 102 Dots 105 Citizen of What Country 102 Dots 105 Citizen of What Country 103 Dots 105 Citizen of What Country 105 Dots 105 Citizen of What Country 105 Dots 105 Citizen of What Country 105 Dots 105 Citizen of What Country 105 Dots 105 Citizen of What Country 105 Dots	show id at		10a. Stete 10b. County		10c. City	, Town or I	ocation.						10		
Total Security Specific Spe	8	cto	Maryland Montgom	ery	Sil	ver S	pring							10	Yes 2 No
Total Decompose Total Deco	S P	Sign	10e. Street and Number				10f. Zip	Code			10	Og. Citizen of	What Count	try?	
Toles & No. Specify Specify White	Tan In		2113 Sondra Cour	t					2090	5		USA			
Total Service Total Servic	9	Ine	11. Meritel Stetus			S. 13	. Wes Dece	dent of I	Hispenic Orl	Igln? (Spe	ecify Yes or No-				n,
18. Decederate Structurion 18. Decederate	di l		1 ☐ Never Merried 2 ☐ Merried	1 Yes 2			_				riiouri, oto.,			no.	
17. Februar's Name (First, Middle, Assign) 18. Mother's Name (First, Middle, Median Summers) 19. Mother's Name (First, Median Summers) 19. Mother's Name (First, Median Summers) 19. Mother's Name (First, Median Summers) 19. Mother's Name (First, Median Summers) 19.			3 ☐ Widowed 4 ☐ Divorced		s:		10 165	2)(110	Specify.			Specii	W: W	nite	2
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20e. Method of Disposition Commission Co	Ι.		19e. Informent's Neme/Retetionship (Type, Print)		19b. Mei	ling Address	(Street	and Number	er or Run	al Route Number,	City or Town	, Stete, Zip	Code)	
20e. Method of Disposition Signature 20e. Price of Disposition Chief (Specify)	5		Patricia P. Prins	/ Wife		2113	Sond	ca C	ourt,	Sil	ver Spri	ng, Ma	rylan	d 20	0905
ParkLawn Memorial Park 6/9/97 Rockville, Maryland 20 Name and Address of Feeling Hines—Rinaldi Funeral Home 1800 New Hampshire Avenue Silver Spring, Maryland 20904 Sale Park Enter the disease, or comprisions their subject the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, inferent sellure. List only one cause or heads line. Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Consequence of): Consequence of): Due to (or as a consequence of): Consequen	e e				~	lece of Disp	osition (Ner	ne of							
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11800 New Hampshire Avenue Silver Spring, Maryland 20904		ŀ		0	10										
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2 Accident 3 Sulcide 4 Homicide 29e. Certifler (Check only one) 29e. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year)	_ [E	-		28a. Dete of In	jury			_							
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N OVERN A		9	ane,	end menner	steted.										
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)	-		230. Signature end title of certifier	_				~		-		_			
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1 174 1 5 1 1			30. Neme and address of person who	completed cause of	death (Item	23a) (Type	, Print)								
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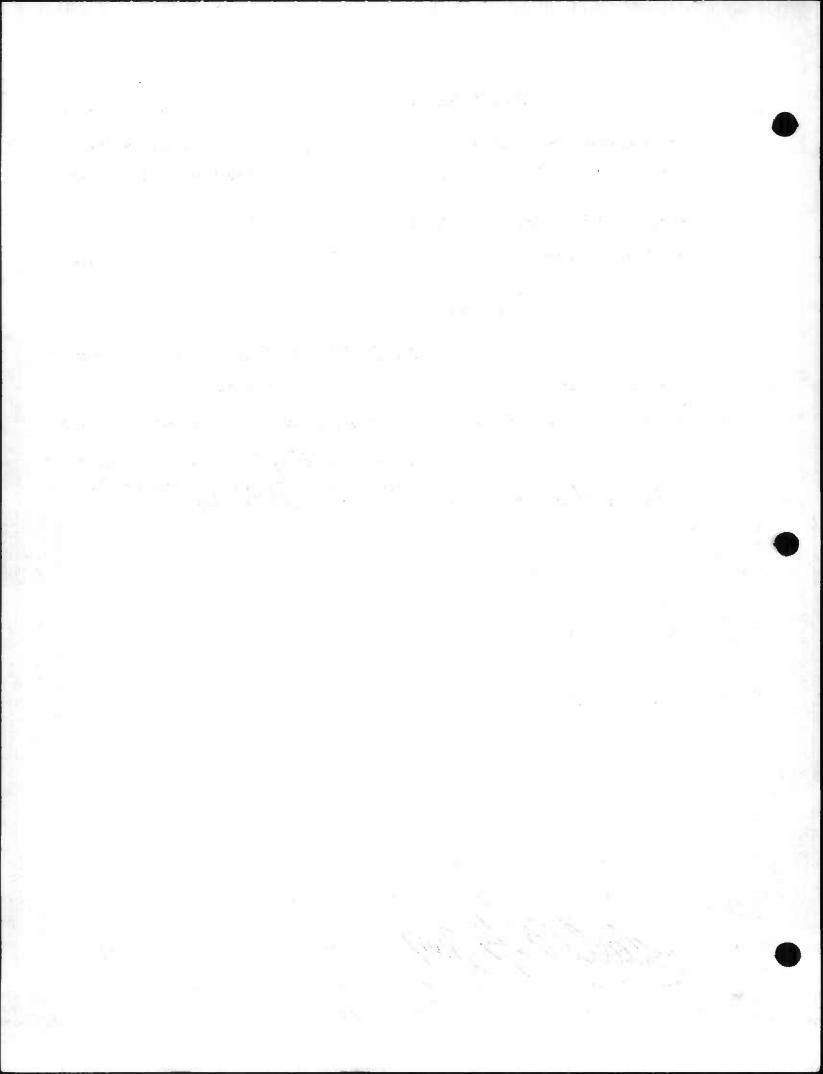


State of Maryland / Department of Health and Mental Hygiene 97

					Cei	rtificate of	Death		Reg. No.		
			1. Decedent's Name (First, Middle, La	st)				2. Dete of D	eeth	14777	3. Time of Deeth
	Physic /Medi		MALKOM PEZE	SHKIAN				JUNE	6, 1997	Year	2:05 PM
	Exami		4e. Facility Neme (If not institution, given		-		4b. City, Town	, or Location of Dee	oth 4c. Count	y of Deeth	
			26763 HOWARD CHA	PEL DRIVE			DAMAS	CUS	MONT	COMER	Y
	Funeral Director		217-11 4101	6ex 7. Age (in yrs.	last birthday) Yrs.	If Under 1 Yea Months Dey			Day, Year)	9. Birthp Coun Irar	place (Stete or Foreigntry)
	pue *		Usuel Residence of Decedent 10a. Stete 10b. County	10c Ci	ty, Town or Lo	cetion				-	Od Incide Oh I India
	he Maryle 8a-f aho	Director	Maryland Montgo		amascu	S					0d. Inside City Limits 1 ☐ Yes 2 ☐ No
	vith th	吉	10e. Street and Number			10f. Zip Code			10g. Citizen of	What Coun	itry?
	ath v	100	26763 Howard Cha	-		2087			Iran		
020	hours after death with the Manylend ural; or items 23a or 28a-f ahow al Examiner must be notified at	by Funeral	11. Meritei Stetüs 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ever in U Armed Forces? 1 ☐ Yes 2 No If Yes, Give Year or Detes:	1	Wes Decedent of f Yes, specify Cu 1 ☐ Yes 2 💢 No	ben, Mexican, P	? (Specify Yes or N uerto Rican, etc.)		ce - Americ ck, White, y: Wh	
21215-0020	natural',	8	15. Decedent's E	ducation	16e. Deced	dent's Usuel Occi	upetion		16b. Kind of B		
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ō	Mental Mental arked o	0	Missagh Peze	shkian			Astgh	ik Me	ekerdich	ian	
2	# PE	-	19e. Informent's Neme/Reletionship (Type, Print)	19b. Meilin	ng Address (Stree	et end Number o	r Rural Route Num	ber, City or Town	, State, Zip	Code)
Ξ	C = N -		Anjen Khachatour	ian, Wife	26763	Howard	Chapel	Dr., Dama	ascus, M	D 20	872
ē	Healt Itam 2 other		20a. Method of Disposition		Plece of Dispo	sition (Name of netory or other pi	lece)	Dete	20c. Location	- City or To	wn, Stete
baitimore	Pages net of my or o		1 DaBuriei 2 Cremetion 3 E 4 Donation 5 Other (Specif	Removatirom Stete		Memoria]		June 10		11e.	Maryland
=	mit. Pa vartmer sortant: rinjury 8.		21. Signature of Funeral Service Licer			. Neme end Add			uneral H		1101) 10110
ă	F C III II II	L	1 Hary to	. This				k Dr., G	aithersb		
			23a. Part1. Enter the disease, or com shock or heart failure, list only	one ceuse on each line.	n. Do not ent	er the mode or dy	/ing, such es car	rdiec or respiretory	arrest,	į į	Approximate Interval Between Onset and Death
	Physician /Medical		immediete Cause (Finei	0	_	1.1				i	
	Examiner		diseese or condition resulting in deeth)	e. Ilespiration	4 7	ailure				1	2 days
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	pen nsit	Examiner	_	e. Respirator Due to (4 b. Can cer o Due to (4	4/	ancrea	2			i	2 days 3 month
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68/60,	cate be executed physicien and s the buriel-transit		if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events	· lyper	4endo	a					10 years
00	certificate be execut iding physicien and ise as the buriel-tran	edical	resulting in deeth) Last	// Due to (o	r es e conseq	uence of):				i	1
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5	0 0 0	Physician/	Pert II. Other significant conditions of	ontributing to death but not res	ulting in the ur	nderlying cause o	iven in Pert I.				o the causs of death
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3	requires that the seen signed by the should be detache	d by						24e We	s an eutopsy	24b. We	ere autopsy findings
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Ď	hes je 2	m m								of	death?
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=	Physician: The this certificate ral director, page	Be	25. Was case referred to medical examiner?	Hospitel:		10	thor	Deeth (Check only			
or vital necords,	5 00	To:	1 Yes 2 No 27. Menner of Deeth	1 □ Inpatient 2 □	ER/Outpetien	1 3LI DON	ther: 4 Nursir		sidence 6 Ott		y)
5	After fune	lon	DENaturel 5 ☐ Pending	28e. Dete of Injury (Month, Dey Year)	28b. Time of Injury	28c. Inj		28d. Describe	how injury occur	red	
7	l or Attending after death. Director: After 1 in by the fune	Certification:	2 Accident investigation 3 Suicide 6 Could not b				Tes 2020 No				
DIVISION	or At Birec Direc	T.	4 Homicide determined	28e. Plece of Injury - At he building, etc. (Specif	ome, ferm, stre y)	eet, factory, office	•		(Street end Numi own, Stete)	ber or Rura	l Route Number,
נ	in a series										
	To the Hospital or Attanding Phi within Euhours after death. To the Funeral Director: After thi completely filled in by the funeral	edical	29e. Certifier (Check only one) Certifying Ph	ysician: To the best of my kno liner: On the basis of examine and menner steted.	wledge, deeth tion end/or inv	occurred et the restigetion, in my	time, dete end p opinion, deeth o	leca, end due to the occurred et the time	e ceuse(s) end m , dete end piece,	enner es st and due to	eted. the ceuse(s)
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			30. Neme end address of person who	completed cause of deeth (Item	n 23a) (Type, I	Print)					
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State of Maryland / Department of Health and Mental Hygiene 97 19064

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	Physic		Decedent's Name (First, Middle	, Last) Rober	t T. H	Polcari					2. Date of D Month June &	D	ay 997	Yaar		e of Death 5 PM
	/Med Exami		4a. Facility Name (If not institution	give street and n	u <i>mber</i>)				4b. City. To	own, or L	ocation of Das		c. County	of Death	7.5	J 111
	EXCITI	IICI	Collingswood Nu													
H	Francis	_		6. Sex	+	yrs. last birthda	(V) If Und	er 1 Yaar	Rocks if Under			irth		gome		to as Familia
	Funeral Director		137-26-7046	1 2 M 2□ F		5 Yrs.	Months			Min.	8. Date of B	ay, Year	1022			te or Foreign
			Usual Residence of Decedent			, ,					April	20,	1932	New	Jer	sey
	show		10a. State 10b. County		10c.	City, Town or	Location							1	0d. Inside	e City Limits
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	the M 28a-f notthe	Director	10e. Straat and Number			ROCKVI		ip Code				10a C	Hiron of V	Vhat Cour	Mm./2	
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	Herra Herra Iner III	Funerai	11. Marital Status		cedent Evar ii orcas?	n U,S. 18	If Yes, sp	ecify Cub	an, Mexice	n, Puerto	acify Yes or N Rican, etc.)	10-		e - Amaric k, White,		1,
20	72 hours after death with the Maryland "natural", or frema 23a or 28a-f show solded Examiner must be notified at	by F	1 Never Married 2 Marrie 3 Widowed 4 Divorced	If Vac G	2 □ No live	1056	1 ☐ Yes	2 🖾 No	Specify.				Specify	7 r.m.		
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12	within ene. than "	Ę	Elementary/Secondary (0-12)	College 5+	(1-4or 5+)	ASS1	stant	Dir	ector	for		For	lowo1	Com		
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Maryland	should be filed and Mental Hygi marked other umatic event, I	10				1001111		- 10:								
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0	t of		20a. Method of Disposition 1 ☑ Buriai 2 ☐ Cremation	3 □Removal from		cemetery, ci	ramatory or	other pla	ce)June	12.	Data 1997	20c. L	ocation -	City or To	wn, State	i.
Ë	nit. Pag artment ortant: I Injury o		4 ☐ Donation 5 ☐ Other (Sp		(Sate of	Heav	en C	emete	ry		Silv	er S	Sprin	g, Ma	aryland
Baitimore,	permit. Pa Departmen Important: any Injury once.		21. Signature of Funeral Service L	icensee		1	22. Name a	and Addre	ess of Facili	ty	Funera	1 Hc	me / R	ocky.	1110	Inc
ш	20599		Kary Fa	uch	MO	0198	300 1	Vest	Monte	omer	Funera y Aven id 208	ue	005	OCKV.	LITE	, Inc.
	1000	П	23a. Part1. Enter the disease, or o	omplications that	caused the d	eath. Do not a	intar tha mo	da of dyi	ng, such as	cerdiac	or raspiratory	arrest,	CUO		Approxir	mata
	Physician		shook, or heart failure. List o	niy ona cause on	each line.									i	Intarval Onset a	Between nd Death
9	/Medical		Immediate Cause (Final	A 6 *	oi roti	n Dno.								1		,
	Examiner		disease or condition rasulting in death)	a. AS		on Pneu								1	wee	K
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	certificate be executed rding physician and use as the burial-transit	Examiner	Sequentially list conditions	b	- 100	o (or as a cons	9		74504		DISCUS			10	HLOH	ite
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of Vital Record	Physician: The this certificate ral director, pag	Be	25. Was cese refarred to medical examinar?	44						of Deat	n (Check only	ona)				
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	tending Ph leath. lor: After th the funeral	ü	27. Manner of Death 1 ⊠Natural 5 ☐ Pending	28a. Date (Mor	of Injury oth, Day Year,	28b. Time Injury	of	28c. Injui Wo	ry at rk?		28d. Dascribe	how inju	iry occurr	ed		
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	the H		one)	and mar	ner stated.	madon and/or i	iivastigatio	ii, iii iiiy c	piriiori, daa	(ri occurr	ed at trie time,	, cata an	o piace, a	ina aue to	tha caus	e(s)
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		İ	30. Name and address of person w	no completes cau	se gloeath (II	(em-23a) (Type	e, Print)									
			Walter E. Goozh	, M.D.		amberto		ive.	Silve	er Sr	rino.	Mary	land	200	902	
	Sta	te	31. Date filed (Month, Day Year)		Registra 's Sig	Davidson				_ 5	61	- ALL Y	Taild	20	194	
	Registr	ar	JUNI	3 1997	Julia	Davidson	Mande	120								

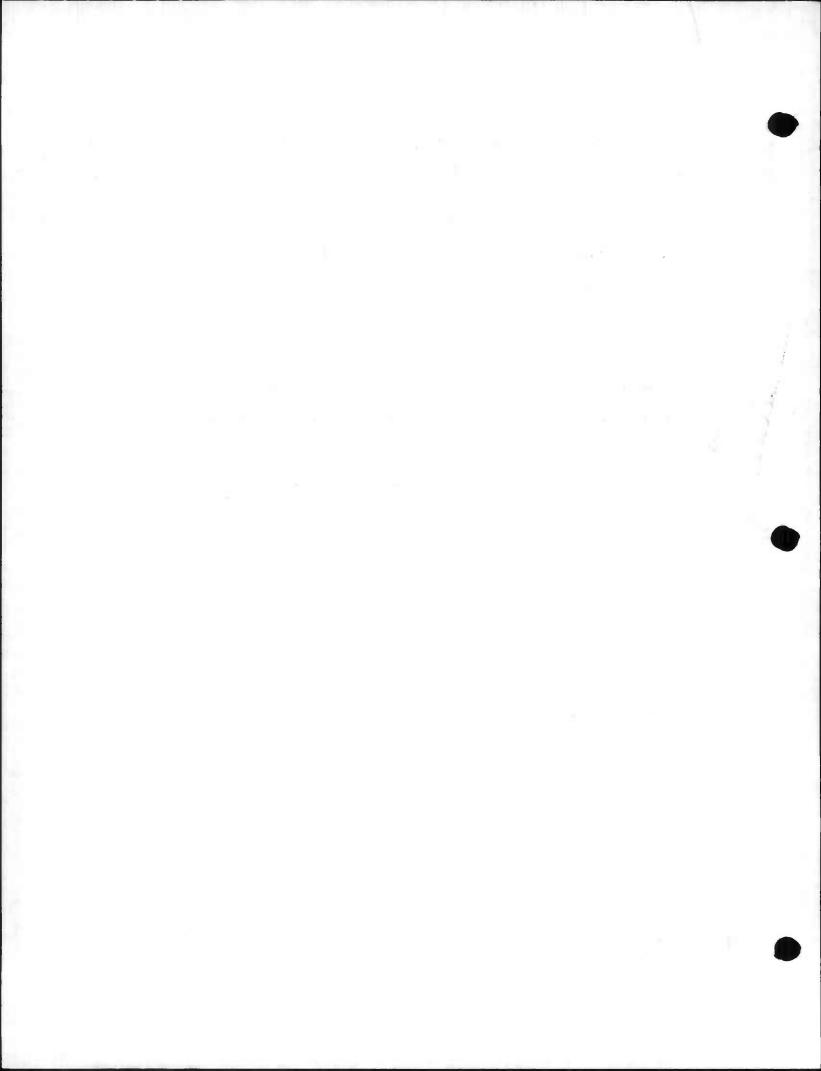


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Dete of Death 3. Time of Death Month **Physician** POSTORINO HELEN June 2000 /Medical 4a. Facility Name (If not institution, give streat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner SHADY GROVE ADVENTIST HOSPITAL ROCKVILLE MONTGOMERY If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Year Birthplace (State or Foreign Country) 6. Sex **Funeral** 1□M 2XF Months Days Yrs. 579-20-0577 73 Director 1924 Washington, DC March 24, Usuat Residence of Decedent death with the Maryland 10a. State 10b. County item 27 is marked other than "netural", or items 23s or 28s4 show other treumstic event, the Medical Examinar must be notified at 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Director Frederick Monrovia 10e Street and Number 10f. Zlp Code 10g. Citizen of Whet Country? 12200 Rosswood Drive 21770 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: Was Decedent of Hispanic Orlgln? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. Black, White, etc. Pages 1 and 2 should be filed within 72 hours eftar nant of Haalth and Mental Hygiena. 1 Never Married 2 Married 6 Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Ktnd of Business/Industry al Hygiena. Elementary/Secondary (0-12) College (1-4or 5+) 11 Homemaker Own Home 17. Father's Name (First, Middle, Last) 18. Mothar's Name (First, Middle, Maiden Surname) permit. Pages 1 and 2 should be f Department of Health and Mental F Important: If Item 27 is marked oth any Injury or other treumatic even Frank Jones 2 Jane Amanda Hurley 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) August Postorino 12200 Rosswood Drive, Monrovia, MD 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Mathod of Disposition Date 20c. Location - City or Town, State 1 Buriel 2 Cremation 3 Removal from State Gate of Heaven Cemetery 6/13/97 Silver Spring, MD 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility Francis J. Collins Funeral 21. Signature of Fugeral Service Licensee 500 University Blvd. West Home, Inc. Silver Spring, MD 20901 23e. Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Deeth **Physician** /Medical Immediate Cause (Final DN eu morna disaasa or condition resulting in death) **Examiner** Examiner The lew requires that the death certificate be executed physician and Sequentially list conditions, if any, leeding to immadiata cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Box 68760. Physician/Medicai Due to (or as a consequenca of) use as attending | P.O. | Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 4 1 No Yes 2 No 3 Probably 4 Unknown signed b Records, Completed by 24b. Were autopsy findings available prior to completion of causa of death? 24a. Was an autopsy page 2 s 1 ☐ Yas 2 No 1 Yes 2 No cartificate Division of Vital To the Hospital or Attending Physicien: within 24 hours efter death.

To the Funeral Director: After this cartification plately filled in by the funeral director, I Be 25. Was case raferred to medical 26. Place of Death (Check only one) Other: 4 Nursing Homa 5 Residenca 6 Other (Specify) P 1 Yes 200 No 2 ER/Outpatient 3 DOA 1 Nnpatient Medical Certification: 27. Manner of Death 28a. Data of injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Natural 5 Pending Investigation 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28a. Placa of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 Homicide 29a. Certifier 12 Certifying Physician: To the best of my knowledge, death occurred et the time, date and placa, and due to the cause(s) and manner as stated.
2 Medical Examinar: On the besis of examination and/or investigetion, in my opinion, death occurred et the time, date and placa, and due to the cause(s) and manner stated. 29b. Signaturgrand title of certifie 29c. Licensa number 29d. Date signed (Month, Day, Year) MI 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) reolen Ehr 31. Dete filed (Month, Day, Year 1997 Signature State Julia Davidson

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Easth Month LILLIAN (LILY) A. PROCTOR 12:30 P.M 1997 JUNE 6 , 1997 4c. County of Death 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 3337 APT. T-3 WALTERS LANE FORESTVILLE PRINCE GEORGE'S 5. Social Security Number If Under 1 Year If Undar 24 Hrs. 7. Age (In yrs. last birthday) Birthplace (Stata or Foreign Country) 8. Date of Birth (Month, Day, Year) 1 M 2 TF Days 215-38-6164 Yrs. 79 February 20, 1918 Maryland Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits Maryland Prince George's 1X Yes 2 ☐ No Forestville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3337 Apt. T-3 Walters Lane 20747 USA 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Was Dacedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2X No Specify: Specify: Black 3℃ Widowad 4 Divorced 15. Decedant's Education 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) Eiemantary/Secondary (0-12) College (1-4or 5+) Homemaker 12 Domestic 17. Father's Name (First Middle Last) 18. Mothar's Nama (First, Middla, Maldan Surnama) Charles Butler Sara Newman 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) Betty Thompson Daughter 3337 Walters Lane Apt T-3 Forestville Maryland 20747 20a. Method of Disposition 20b. Place of Disposition (Nama of cemetery, crematory or other place) 20c. Location - City or Town, State Data 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State June 12 4 Donation 5 Other (Specify)

21. Signature of Liperal Service Licenses Resurrection Cemetery Clinton, Maryland 1997 22. Name and Addrass of Facility Adams Funeral Home 20605 Aquasco Road Aquasco Maryland 23a. Pert1. Enter the disease, or complications that clumd the death. Do not enter the mode of dylng, such as cardiac or respiratory arrest, shock, or help failure. List only one cause on each line. oproximate Interval Between Onset and Death Immediete Ceuse (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2□ No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Dete of Injury (Month, Day Year) 27. Manner of Death 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred 1 Natural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred at the tima, dete and place, and due to the cause(s) end manner as stated.

2 Medical Examiner: On the basia of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier

29c. Licansa number

700 Old Branch Ave, Clinton, N

29d. Date signed (Month, (Oay, Year)

Division of Vital Records, P.O. Box 68760

The law requires that the death certificate be executed buriel-trer physician attending physic d for use es the t been signed by the should be deteched has certificate or Attending Physician: After this death. efter death filled in by To the Hospital o within 24 hours eff To the Funeral Di completely

Physician

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permit. Pages 1 and 2 should be filed within 72 hours after beganner of Heelth and Mental Hygiene. Important: If them 27 is marked other than "naturel", or the any injury or other traumetic event, the Medical Expression

Physician

/Medical **Examiner**

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Physician/Medical

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Certification: To

Medical

(Check only one)

29b. Signature and title of certifier

Director

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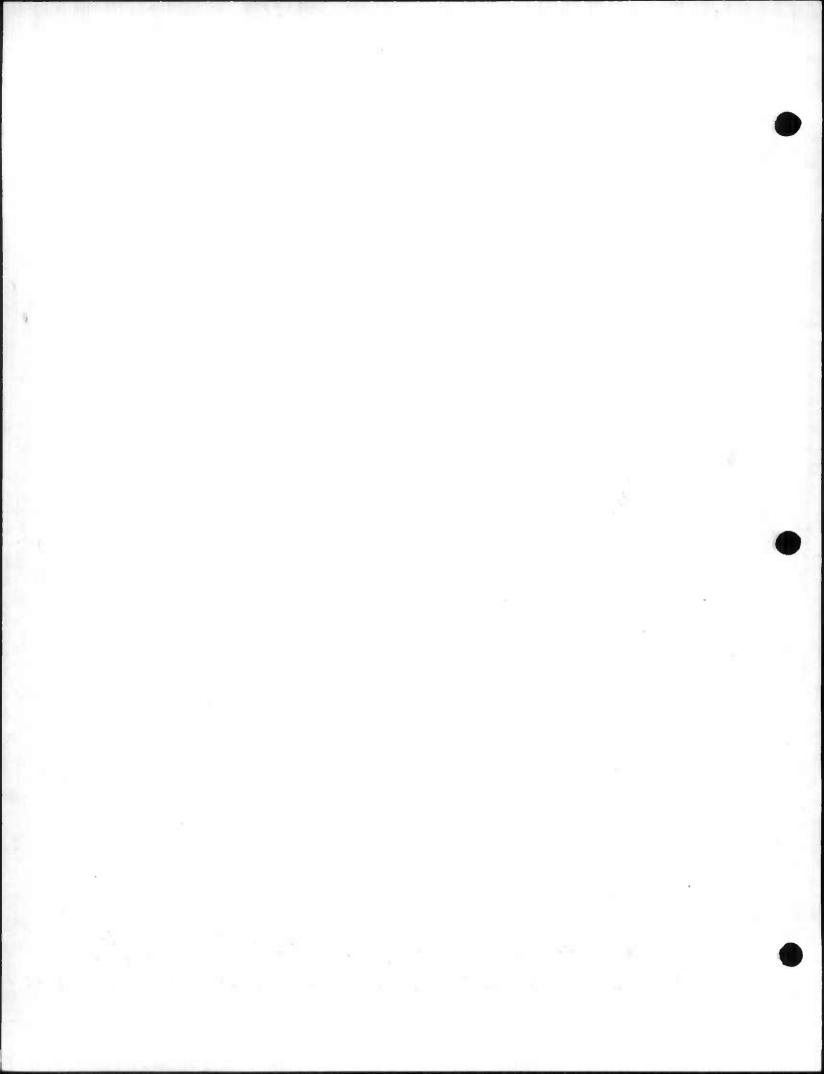
death with

21215-0020

Baltimore, Maryland

State Registrar 31. Date filed (Month, Day, Year)

32. Registrar's Signature



Piease Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Dete of Deeth 3. Tima of Death Month al mer 8:50 Juno 4a. Fecility Neme //f not institution, give street and number 4b City Town or Location of Death 4c. County of Death Baltimore ennea Saltimure riese Hours Min. 8. Data of Birth (Month, Day, Year). August 19,1992 Maryland If Under 1 Year 5. Social Sacurity Number 6. Sex 7. Aga (In yrs. last birthday) 214-37-4751 Days 1 □ M 2 🕅 E 4 Yrs. Usual Rasidanca of Dacedan 10a. Stata 10b. County 10c. City, Town or Location 10d. inside City Limits NXYas 2□No Washington Hagerstown Maryland 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 1012G Noland Drive 21740 U.S.A. 12. Wes Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☒ No If Yas, Giva Yeer or Datas: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Maxican, Puarto Rican, atc.) Race - Amarican Indian, Black, Whita, atc. 11. Meritel Stetus 1 Navar Marriad 2 Merried 1 ☐ Yas 2 ☐ No Specify: white 3 ☐ Widowed 4 ☐ Divorced 16a. Decedant's Usuel Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grada completed) Eiementery/Secondery (0-12) Coilega (1-4or 5+) pre-K none 17. Father's Name (First, Middle, Last) 18. Mothar's Nama (First, Middle, Meiden Sumeme) Robert Leon Palmer Yvonne Kay Long 19a. Informent's Neme/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code 1012G Noland Drive, Hagerstown, Maryland Ms Yvonne K. Long 20b. Placa of Disposition (Nema of cemetery, crametory or other place) 20e. Method of Disposition 20c. Location - City or Town, Steta June 1 Buriai 2 □ Cramation 3 □ Ramovai from Stata St. Mark's Lutheran Cemetery 10,1997 4 ☐ Donation 5 ☐ Othar (Specify) Wolfsville, Maryland 21. Signature of Funeral Service Licensee 22. Neme and Address of Fecility Minnich Funeral Home 415 East Wilson Blvd., Hagerstown, Maryland 21740 23a. Pert1. Enter the disaasa, or complications that caused tha daeth. shock, or haart failure. List only ona cause on eech lina. Do not antar tha moda of dying, such es cardiec or respiretory errest, intarval Batween Onset and Death Immediata Causa (Final months disaasa or conditior rasulting in death) Dua to (or as a consequence of) Sequantielly list conditions, if eny, leading to immadiata causa. Entar Undarlying Cause (Disaase or injury that initiated avants rasulting in daath) Last Dua to (or es e consequance of) Due to (or as e consequence of): Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 □ Yee 2 No 3 ☐ Probably 4 ☐ Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24e. Wes an autopsy performed? 2 No 25. Was casa rafarred to medical 26. Piaca of Death (Check only one) Hospital: 12 Inpatiant 2 ER/Outpatient 3 DOA 1 Yas 2 No Othar: 4 Nursing Home 5 Rasidance 8 Othar (Specify) 27. Mannar of Death 28b. Tima of 28d. Dascribe how injury occurred

Physician /Medical Examiner

Physician

/Medical

Examiner

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Funeral

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item 27 is marked other than "natural", or items 23a or 28a-f show other traumstic event, the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mertial Hygiene.
Important: If Item 27 is marked other than 'natural', or han any injury or other traumete.

Baltimore, Maryland 21215-0020

death with the Maryland

attending physician and for use as the burial-transit been signed by the a should be detached t has To the Hospital or Attending Physician: The within 24 hours after death.
To the Funeral Director: After this certificate is completely filled in by the funeral director, page

Division of Vital Records, P.O. Box 68760.

Physician/Medical S Q Completed Be 2 Medical Certification:

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28c. injury et Work? 28a. Data of injury (Month, Day Year) 5 Panding invastigation Naturai 1 ☐ Yas 2 ☐ No 2 Accident 3 Suicide 6 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, Stata) 28e. Place of injury - At homa, farm, street, factory, offica building, atc. (Specify) 4 Homicida 12 Certifying Phyelcian: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) end manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner stated. 29a, Cartifier 29b. Signeture and title of certifian 29c. License number 29d. Dete signed (Month, Day, Year) Laymond 30. Nerre, and addrass of person who examplated causa of death (itam 23a) (Type, Print) mond Tera Kennedy 31. Dete filed (Month, Day, Year) 32. Registrar's Signature JUN

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Medical Certification: To

30. Name and eddress of person

R. Gueden

31. Date filed (Month, Dey, Yeer)
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Physician

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To the Mospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate hes been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit

Funeral

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Please	Type or Print State of Ma	ryland / Dep	artme	ent of	Health and	•	_	7 "7 1	0000
		Ce	ertific	ate of	Death		Reg. No.	1	9068
1. Decedent's Name (First, Middle, La	ast)					2. Dele of De Month	eth Dev	3. Year	Time of Deeth
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4a. Facility Neme (If not institution, gir					4b. City, Town, or				
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10a. State 10b. County		10c. City, Town or L	ocation					10d. In	side City Limits
Maryland Washin	eton	Fair Play	V					1	☐ Yes 2 No
10e. Street end Number	3			Zip Code			10g. Citizen of V	Vhat Country?	
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11. Marlial Sialus 1 Never Married 2 Married 3 Widowed 4 Divorcad	12. Was Decedent Ev Armed Forces? 1 12 Yes 2 □ No If Yes, Give Year or Dates: W			cedent of specify Cut 2 2 No	Hispanic Origin? (Span, Mexican, Puer Specify:	Specify Yes or No to Rican, etc.)	14. Race Blace Specify	e - American Inc k, White, etc.	
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17. Falher's Name (First, Middle, Lesi Roy Palmer)					me <i>(First, Middl</i> e, Lewis Bi		ee)	
19a. Informani's Name/Relationship	Type, Print)	19b. Mai	ling Addr	ess (Stree	t end Number or R	ural Route Numbe	er, City or Town,	State, Zip Code)
Harold W. Lovele: 20a. Method of Disposition 1 ⊠ Burial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Special Service Lice)	Removal from State	20b. Place of Disp cametery, cre	osition (/ematory o	Vame of or other place	,	Date	Maryland 20c. Location - Hagersto	City or Town, S	itate
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Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	b	ue to (or es e conse	equence	of):					
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examiner? 1 ☐ Yes 2☐ No	Hospitel:	2 ER/Outpetle	ent 3	DOA Ot	har	lome 5 ☐ Resid		er (Specity)	
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2 Accident Investigation 3 Suicide 6 Could not be determined	e con Diana attalua	/ - At home, farm, s (Specify)				28f. Location (\$ City or Tox	Street and Numbern, State)	er or Rural Rou	te Number,
29e. Certifier (Check only one) 12 Certifying Pr 2 Medical Exer	nysician: To the best of entire: On the basis of entire: and manner state	xamination end/or in	th occurrenvestigati	ed at the ti	ime, dete and place opinion, death occu	a, end due to the curred at the time,	cause(s) and ma date and placa, a	nner as stated. and due to the c	ause(s)
29b. Signeture and title of certifier	1		T :	29c Licen	se number		29d. Date signed	(Month Day	(AAr)

29c. License number D325/8

Lane

who completed cause of deeth (Item 23a) (Type, Print) 100

32. Registrar's Signature

Kerdysville, Md

State Registrar

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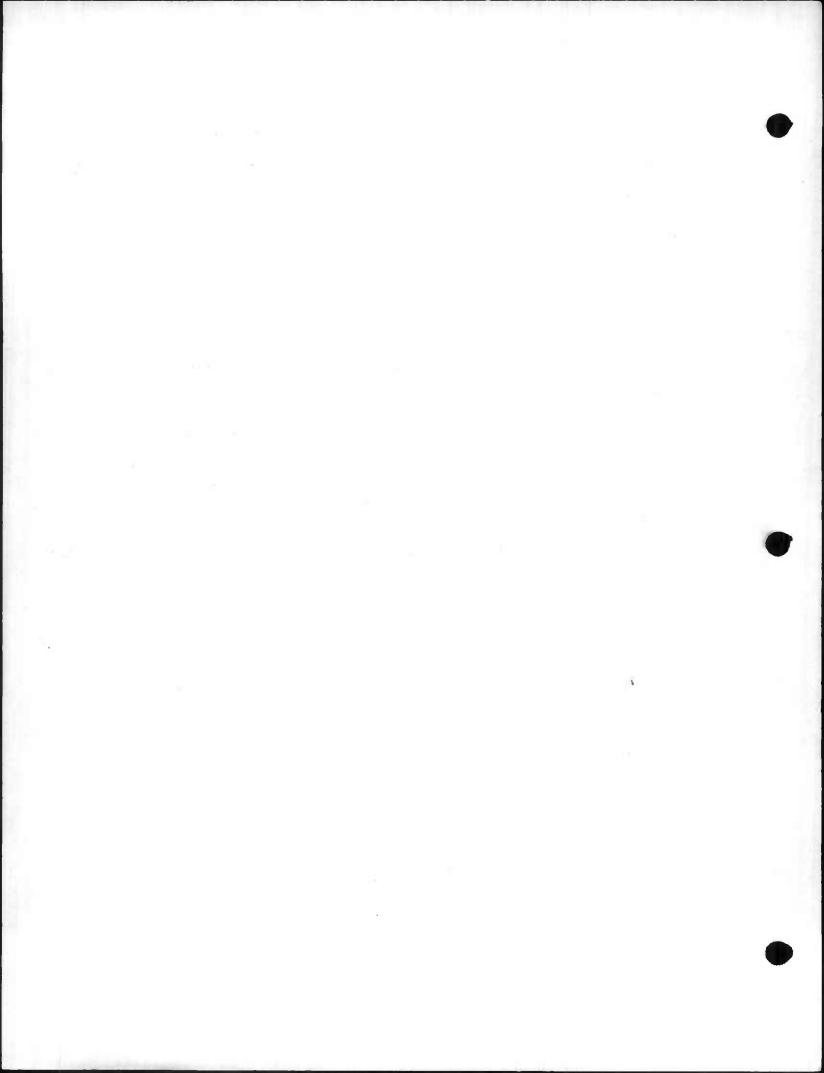
 FOR STATE REGISTRAR

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DIVISION	DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a
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	1. DECEDENT'S NAME (First,		han	M D:						MONTH	OF DEATH		YEAR	O. A.O. A.M.
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~	Se. FACILITY NAME (If not in							OR LOCATI		HTA			TY OF DEA	
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2	19a, INFORMANT'S NAME (er, City or Tow	,	/	
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	20a. METHOD OF DISPOSIT 1 Burial 2 X Crematic 4 Donation 5 Other	n 3 🗆 Rem	novel from State	oth	esapea				-			CATION - C		aryland
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE)		22.	NAME A	ND ADDRE	SS OF FA	CILITY				
	> File	21 %	11. K	00							ices,			MD 20910
N.	IMMEDIATE CAUSE (Fit disease or condition resulting in death)	nel -	61.	naave 's	Syndr									Interval Batweer Onset and Death 6 Hours
ERTIFICATION	Sequentially list conditions, is any, leading to immecause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	diate ING Iry	С	O (OR AS A COP										
0	PART II. Other significe			o death but n	ot resulting	In the u	nderlyin	g cause	given in	Part i.	24a. WAS AN			VERE AUTOPSY FINDINGS
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ву РНУ	27. MANNER OF DEATH 1 X Netural 5 2 Accident	Pending Investigation	26e. DATE O (Month,	Day, Year)	28b. TIR	IE OF JURY M	W	JURY AT DRK? YES 2 [□ NO	28d. OES	CRIBE HOW I	NJURY OCC	UREO	
G	• 🗆 • • • •	Could not be datermined		OF INJURY A g, etc. (Specify)	At home, farm,	atreet, fed	ctory, offic	ia .			ATION (Street or Town, State)		or Aurel Ro	ute Number,
COMPLET			SICIAN: To the best of ER; On the bests of											and manner as stated.
BE	CONTROL TO THE	W	W ST	PATTER PH	HYSICIA	42		29c. LIC	120	MBER 146		29d. DATE	signed (Month, Day, Year) 29, 1997
5	30. NAME AND ADDRESS O GRACE Brook	F PERSON WI	Man, W	D 1810	(ITEM 27) (Type	des	cho	ol R	bad	Sar	dy S	prin	g. Mo	20860
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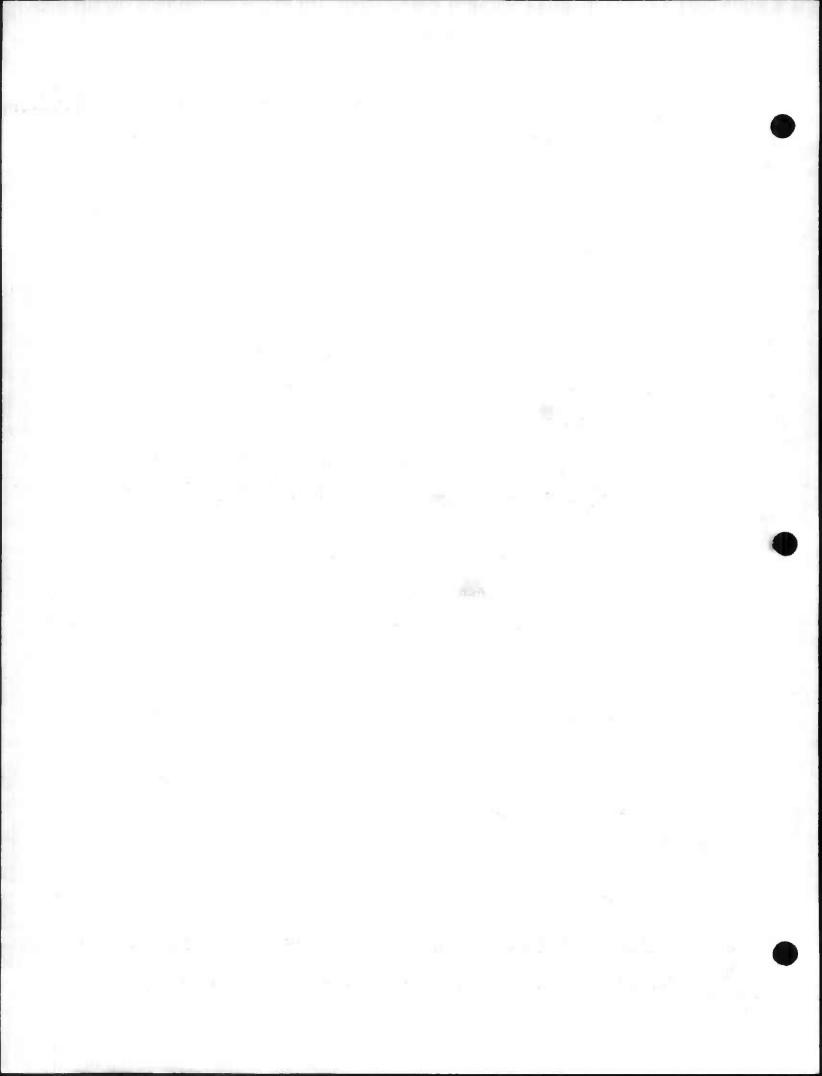
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



State of Maryland / Department of Health and Mental Hygiene 97 19070

							Ce	rtificate d	of Death		Reg. No.	1	15010
П	Physic	ian	1. Decedant's Nema (First, M	iddle, La	st)			77.0		2. Data of I		Voor	3. Tima of Deeth
	Physic /Medi		Jean					ROS	ien	June	07	97	11:42 AV
	Exami	ner	4e. Fecility Neme (If not institution SURBURBAN HO			ber)			4b. City, Town BETH	, or Location of De ESDA		y of Death GOMER	Y
	Funeral Director		5. Social Security Number 579–58–1283	6. S	ax □M 2【XF	7. Age (In yrs. I		if Undar 1 Ye Months De		Min. (Month, I	Sirth Dev. Year) 16, 1913	9. Birthp Coul	plece (Stata or Foreigr ntry) MD
	pur *		Usuel Residence of Deceden 10a. Stete 10b. Cou			10c City	, Town or Lo	ention					
	Aanyie f eho	5			COMEDIA	Toc. Oity							10d. Inside City Limits 1 X ea 2 No
	288-	ect	MD 10e. Street end Number	MOINT	GOMERY		ROCKY	10f. Zip Cod	9		10g. Citizen of	What Cour	
	3e or	Funeral Director	6121 MONTROS	יום ק	1				- 352				ntry
	death	Jera	11. Marital Status		12. Wes Deced	dent Ever in U,	S. 13.	Was Decedent	of Hispanic Origin	? (Specify Yas or f	1	USA ce - Americ	can indien,
21215-0020	filed within 72 hours efter death with the Maryland Hygiene. Ther than "naturel", or items 23e or 28a-f show ent, the Medical Examiner must be notified at	by	1 ☐ Nevar Married 2 ☐ Nevar M		Armed Ford 1 Tes 2 If Yes, Give Yeer or Da	2 EŽNo e		f Yas, specify C 1 ☐ Yes 2 💢[I		uerto Rican, etc.)	Specif	ock, White, fy: W	etc. HITE
5-0	72 ho	Completed	15. Dece (Specify only high	dent's Ed	ducation		16e. Dece	dent's Usuei Oc	cupation na during most of	working	16b. Kind of B	susiness/in	dustry
121	ithin ne.	npie	Elementery/Secondary (0-1		College (1-	4or 5+)	life.	DO NOT use ra	tired)				
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Maryland	200	To Be	17. Fether's Neme (First, Mide BENJAMIN ROS							Name (First, Midd IE GORDON		ne)	
lan	2 should end Men le marke eumatic		19a. Informant's Name/Releti	onship (Type, Print)		19b. Mallir	ng Addrass (Str	eet and Number o	r Rurel Routa Num	ber, City or Town	, Stete, Zip	Code)
	1 end 2 Health em 27 I		LARRY TEITEL	/ S	ON IN L	AW	1012	20 SORRI	EL AVE.,	POTOMAC	MD 2085	54	
Baltimore,	00 -		20a. Mathod of Disposition 1 □ Buriai 2 □ Cremati 4 □ Donation 5 □ Othe			tata	emetery, crar	sition (Neme of natory or other) NON CEM	place)	Deta 6/9	20c. Location ADELPI		
alti	pemit. Pag Depertment Important: It any Injury o		21. Signeture of Funeral Sep			1111	22	. Nema end Ad	dress of Fecility				
m	Deper Import any Ir		1	_	DANIE	L SIMON				NERAL DIE PIKE, ROC			
П			23a. Part1. Enter in disable shock, or held falling	or comp	plications that ca	used tha daath ch lina.	. Do not ent	ar tha moda of	dying, such es car	rdiec or raspiretory	errest,		Approximeta Intarval Between
	Physician												Onset end Deeth
ſ	/Medical Examiner		Immedieta Causa (Final diseese or condition resulting in daath)		. CONG	ESTIV	E H	BART A	PILLERE				10 dars
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	nsit	를			b. MYOC	ARDIAL							10 DAYS
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68760,	sicla e bur	edicai	triet mitteted avants	<	c. CORDI		es e conseq		E				2 YEARS
x 68	law requires that the death certificate be executed es been signed by the attending physician and 2 should be detached for use as the buriat-transit	Medi	resulting in deeth) Last	L		D00 10 (01	as a conseq	dance or,					
Box	thet the death cer ed by the attendin detached for use	Physician/			d								
P.O.	t the d	ysi	Pert II. Other aignificant cond	itions o	ontributing to dea	ith but not rasu	Iting in the u	nderlying causa	givan in Part I.				o the cause of death?
	es thet igned b be deta	by Pt	PNEUMONI	A						1[Yes 2 No	3 Proi	bably 4 Unknow
Records,	an sign										s an autopsy	24b. W	ere autopsy findings
00	aw requires been si	ojet								pe	formed?	co	reilable prior to empletion of causa daeth?
æ	0 5 0	Completed								10	Yes 2KNo		□Yes 2□No
ital	iclan: The certificate rector, pag	Be C	25. Wes case raferred to med	icai					26. Pleca of	Daath (Check only	-		2700 22110
of Vital	0 0	To	exeminar? 1 ☐ Yas 2/X No		Hospital:	patient 2 E	ER/Outpatien	t 3□ DOA	Other	ng Home 5 ☐ Ra		her (Specif	fv)
	ding Phi h. After thi funeral		27. Manner of Deeth 1 Naturel 5 ☐ Per	ndina	28e. Dete of		28b. Tima of injury	28c. ir	njury at Vork?		how injury occur		
sio	Attending or death. ector: After by the fune	cati	2 ☐ Accident inv	stigation				M	Yes 2 No				
Division	or Attendi	Certification:	4 Homicide	arminad	286. Piece c	of Injury - At hor g, atc. (Specify)	me, farm, str	eet, factory, offi	Ce		(Street end Numi own, Steta)	ber or Rura	al Route Number,
	To the Hospital or Attending Ph within 24 hours effer death. To the Funeral Director: Affer thi completely filled in by the funeral		29e. Certifiar Certif	ying Ph	ysiclen: To tha b	est of my know	vledge, daath	occurrad et the	a tima, data and p	lace, and due to th	e cause(s) end m	ennar as s	stated.
	he He in 24 he Fu plete	edicai	(Check only 2 Medical	al Exem	and menne	sis of exeminati er steted.	on end/or inv	estigetion, in m	y opinion, deeth o	occurrad et the time	a, data and placa,	and due to	o the ceuse(s)
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	4								19144		JUNE	7, 19	9.7
	(4)		30. Neme and eddress of pers	-	completed cause		23e) (Type, 6410		DGE DR	WE, B	ethesda.	Md	20817
	Sta	ate	31. Data filed (Month, Pay Ye	ar)	00 De	alatanda Olaasa							
	Regist	rar	JUN	L U J	997	Julia Dav	idson-A	miles					

DHMH 16 Rev 6/95

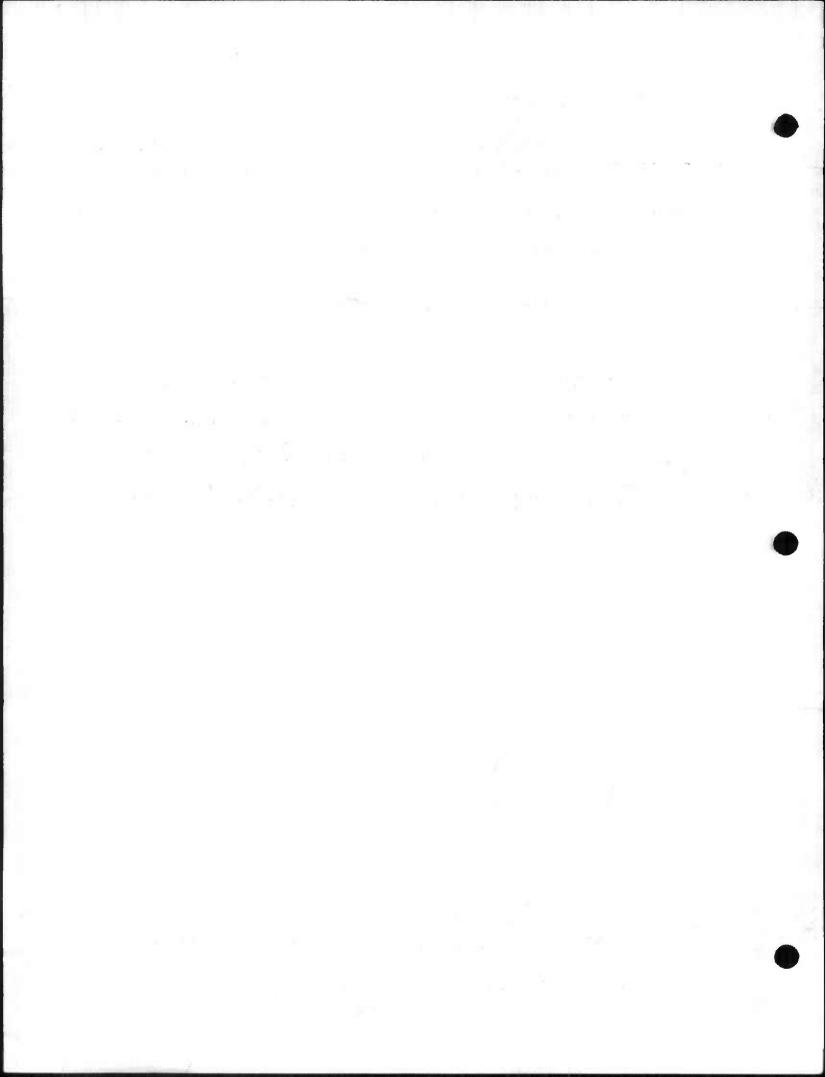


State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death Day 1997 **Physician** MARTHA S. ROWSE 5, JUNE 6:15 PM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Mariner Health of Kensington Kensington Montgomery 5. Social Security Number 219–36–8478 If Undar 1 Year If Undar 24 Hrs. Months Days Hours Min. 7. Aga (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplaca (Stata or Foraign Country) **Funeral** Days 1 □ M 2 💢 F 100 Yrs. Director August 6, 1896 Texas Usual Residence of Decedant the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f shot traumetic event, the Medical Examiner must be notified at Montgomery Maryland Bethesda 1X Yes 2 □ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5206 Glenwood Road 20814 U.S.A. Funeral 12. Was Decedant Evar In U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specity Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) Race - American indian, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygens. I program to the permit in permit if hem 27 is merked other tens "neutral", or then any injury or other traumentic event, the Madical II. 1 ☐ Yas 2 No If Yes, Give Year or Dates: 1 Nevar Marriad 2 Married Baltimore, Maryland 21215-0020 Specify White þ 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada complated) 16b. Kind of Business/Industry Elementary/Secondary (0-12) 12 Collega (1-4or 5+) 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middla, Maiden Surname) John Davis Stuart Thomasia Carter Johnson 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Laura Rowse Hart 121 Whitmoor Terrace, Silver Spring, MD 20b. Placa of Disposition (Name of cematary, crematory or other place) George Washington Univ. Medical Ctr. 20a. Method of Disposition 20c. Location - City or Town, Stata Data 1 ☐ Burlal 2 ☐ Cremation 3 ☐ Removal from Stata
4 ☐ Donation 5 ☐ Other (Specify) Washington, DC Funeral Service Licenses 22. Name and Address of Facility
Columbia Mortuary Services, Inc. 225 Missouri Ave., NW, Washighton, DC 20011 23a. Per 1: Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical immediate Cause (Final disease or condition resulting in death) ARTERIOSCLEROTIC HEART DISEASE 10 Years Examiner Due to (or as a consequence of): Examiner physician and the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Causa (Disaasa or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or as a consequence of) for use as signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco uss contribute to the cause of death? 1 Yes 2 XNo 3 Probably 4 Unknown þ should 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? Completed page 2 has 1 Yes 2 No certificate 1 ☐ Yes 2 ☐ No Hospital or Attanding Physician: 24 hours after death.
Funeral Director: After this certifica stelly filled in by the funeral director, g 25. Was case referred to medical 8 26. Place of Death (Check only one) examiner? Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Rasidence 6 Other (Specify) Certification: To 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 1X Natural 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accidant 6 Could not be determined 28e. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 ☐ Suicida 4 Homlcide in 24 hous.
the Funeral Discal 29a. Cartifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the cause(s) and manner as stated. To the Hosp within 24 ho To the Fune completely fi (Check only one) 2 Medical Examiner: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated. 29b. Signature and title of certifier 29c. License number 29d. Data signed (Month, Day, Year) D15049 June 10, 1997 30. Nama and address of person who compléted cause of death (Item 23a) (Type, Print) John F. Gustafson, MD, 5480 Wisconsin Avenue, Chevy Chase, MD 20815

32. Registrar's Signature

DHMH 16 Rev 6/95

State Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

1	Physic	ian	1. Decedent's Nama (First, Middle, Last)								2. Date of Death Month Day Year			3. Time of Death	
	/Medi	cal	Edward R. B. Russell, Sr. 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, o							June	1	10.11	2:30 AM		
	Exami	ner								4b. City, Town, or I	4c. County	4c. County of Deeth			
	Francis		5. Social Sacurity N	OVENTIST Sax	AX 7. Age (In yrs. last birthday) If Under 1 Ye			er 1 Year	ROCKVIL If Undar 24 Hrs.		MONTO				
	Funeral Director		103-07-1009		1⊠ M 2□ F 79 Yrs.		Months			April	of Birth th, Day, Year) 1 11, 1918 9. Birthplaca (Stata of Country) New York		ritry) 7 York		
Baltimore, Maryland 21215-0020	pue *	ctor	Usual Residence of 10a. State	10b. County		10c. City, Town or Location								10d. Inaide City Limite	
	e Maryl		Maryland	ery				g				1 ☐ Yes 2 🖾 No			
	or 28	Sire	10e. Street and Nu		10f. Zip C			p Coda			10g. Citizen of What Country?				
	23a	<u>a</u>	15719 A	ak Driv	2007			0878	3		United States				
	s 1 and 2 should be filed within 72 hours efter death with the Maryland if Heelih and Mental Hygiene. Itam 27 is marked other than "natural", or items 23s or 28s-f show other traumstic event, the Medical Eventing must be notified at	by Funeral Director	11. Marital Status 1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorcad		12. Was Decedent Ever In U.S. Armed Forcas? 1 13 Yes 2 □ No If Yas, Giva Year or Datas: WW II			13. Was Decedent of Hispanic Origin? (Stiff Yas, specify Cuban, Maxican, Puerto					ck, White,	Amarican Indian, White, etc. White	
		ed	(Spec	ducation	ucation 16a. Decedent's U			s Usual Occupation of work done during most of working			16b. Kind of Business/Industry		dustry		
	filed within Hygiene. ther than "than"	Completed	Elementary/Secondary (0-12)		Collega (1-4or 5+)			<i>ner</i>	O NOT use retired)			Used Equipment Sales			
	should be filed within nd Mental Hygiene. marked other than immitic event, on Mental control of the Mental con	To Be C	17. Fathar's Name Edward A		ssell				18. Mother's Name (First, Middle, Maldan Surname) Ruth Ogden Beach						
	2 should and Men Is marke		19a. Informant's Na	ame/Relationship	(Type, Print)		19b. Maiti	ng Addres	s (Stree	t and Number or Ru	ral Routa Num	ber, City or Town	, State, Zip	Code)	
	1 and 2 Heelth a		Marjorie	F. Russe	11/Wife		15719	Anc	ient	Oak Dr.	Gaith	ersburg,	MD	20878	
	permit. Pages 1 an Department of Heel Important: If Itam 2 any Injury or other ance.		20a. Method of Disposition 1 Burial 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify) 20b. Place of Disposition (Name of cemetery, cramatory or other place) June 9, 1997 Parklawn Memorial Park 20c. Location - City or Town, State Rockville, Maryland												
			21. Signature of Funaral Sarvica Licensae Robert A. Pumphrey Funeral Home/Rockville, Inc. 300 West Montgomery Avenue Rockville, Maryland 20850-2805												
			23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												
	Physician											Interval Batween Onsat and Death			
	/Medical		tmmediate Cause (Final	Congestive Heart Failure									10 days	
	Examiner		resulting In death)	a	a. Dua to (or as a consequance of):										
	p ti	ine			Acute Myocardial Infarction 10 days										
o,	death certificate be executed e attending physician and of for use es the burial-transit	Examiner	Sequentially list confidence if any, leading to improve cause. Enter Unda Causa (Disease or	nditions, nmediate criying	Due to (or as a consequence of):										
Records, P.O. Box 68760,	tificate by g physic es the by	cian/Medicai	that initiated avants rasulting in death) I	C. Dua to (or as a consequanca of):											
	h cer endir r use	an/			d								<u> </u>		
	0 0 0		Part It. Other signif	cant conditions	contributing to de	eath but not res	sulting In tha u	nderlylng	cause gi	van In Part i.	23b. DI	d tobacco use co	ntributs to	o the cause of death	
	as thet the da igned by the a be detached i	by Physi	Cerebral Encephalopathy								1 ⊠ Yes 2 □ No 3 □ Probably 4 □ Unknow				
	requir been s should	Completed b	Complete Heart Block								24a. Was an autopay performed? 24b. Were autopsy find availabla prior to completion of caus of death?		railabla prior to emplation of causa		
al Re	The ate h	Сош	Right Ventricular Infarction									☐ Yes 2⊠ No			
Vital	Physician: The this certificate ral director, page	Be	25. Was case referred to medical examinar?		26. Place of Daath (Check only one) Hospital: 1 Nanoticet 2 PROJECT 1 Post Other: 4 Nanoticet 2										
Division of	E 00 D	2	1 Yas 2 No		1 Minpatient 2 LEN/Outpatient 3 LDOA				UA	4 LI Ruising n	g Home 5 Residence 8 Other (Specify)				
	ing After	ation	27. Mannar of Death 1 ☑Natural 5 ☐ Panding 2 ☐ Accident Investigation		n	th, Day Year)	28b. Time o Injury	f M	28c. Inju Wo 1 [ryat ork?]Yes 2 □ No	28d. Dascribi	how Injury occur	red		
	af or Attendi s after death. If Director: A sed in by the fe	Certification:	3 ☐ Suicide 4 ☐ Homicida	6 Could not be datermined							Il Route Number,				
	To the Hospital or At within 24 hours after or To the Funeral Direct completely filled in by	edical C	29a. Certifliar (Check only one) 1. Certifying Physician: To the best of my knowledga, death occurred at tha tima, data and placa, and dua to tha causa(s) and manner as stated. 29a. Certifliar (Check only one) 1. Certifying Physician: To the best of my knowledga, death occurred at tha tima, data and placa, and dua to tha causa(s) and manner as stated. 29a. Certifliar (Check only one)											tated. the cause(s)	
	To the Within 2 To the comple	Me	29b. Signatura and					c. Lican	sa number	29d. Data signed (Month, Day, Year)					

6410 Rockledge Drive, Bethesda, Maryland 20817

D41520

June 3, 1997

State Registrar Mark Milner, M.D.

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

AMENDED #4c, 6/6/97, B.P., WORCESTER CO.

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

20c. Location - City or Town, State

Berlin, MD

18. Mother's Nama (First, Middla, Maidan Sumame)

Data

6/9/97

19b. Malling Addrass (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Code)

Baltimore.

11324 Lydia St. Bishopville, MD 21813

Doris Louise Vaughn

•	Physici /Medic Examir	an cal ner
	ith the Maryland or 28a-f show	Director
imore, Maryland 21215-0020	Pages 1 and 2 should be filled within 72 hours effer death with the Maryland and to Health end Mentel Pyglene. Int: If Item 27 is marked other than "natural, or items 23a or 28a-f show any or other traumatic event, its Madical Examiner must be neithed at	To Be Completed by Funeral Director

. Decedant's Nam									2. Data of D	aath			3. Tima of Death
The	ereso	λ н. К	20 99	en					Month	Da	10	Yaar 77	2:0501
	If not institution,	**** ***** * * * * * * * * * * * * * * *	4 4		aspita				nove		County o	of Death	5 A CITY
Sociel Sacurity N		6. Sax 1□M 2 € F	7. Aga (In yrs 33		rs. If Under	1 Year Days	If Under Hours		8. Date of Bi (Month, D	ay Year)	W	9. Birthpl Coup ashi	lece (Stata or Foraign try) ngton, DC
sual Rasidance o					-								
					pville							10	0d. İnsida City Limits 1 X Yas 2 ☐ No
De. Street end Nu	mber Lydia	St.			10f. Zip	Coda 1813	3			100	zan of WI	hat Count	try?
1. Marital Stetus 1 □ Navar Married 2 ▼ Married 3 □ Widowed 4 □ Divorcad 12. Was Decedant Evar in U,S. Armed Forcas? 1 □ Yas 2 ▼ No If Yas, Giva Year or Datas:					13. Was Deced If Yas, spe-	city Cubi	lispanic Ori en, Maxicar Specify:	gin? (Spi n, Puarto	ecify Yas or N Rican, atc.)	0-	14. Rece - Amarican Indien, Bleck, Whita, atc. Specify: White		
15. Decedant's Education 16a. Dec (Specify only highast grada complated) (Given						rk dona	durina mos.	t of work	Ing	16b. Ki	nd of Bus	inass/Ind	lustry
Elamentary/Secondary (0-12) Collaga (1-4or 5+)				Owner/Operator Golf Course							se		

Depertment of Health er Important: if item 27 is any Injury or other trau 20a. Mathod of Disposition 21. Signature of Funeral Service Comme

17. Fathar's Name (First, Middle, Last)

Roy E. Hardy

19a. Informant's Neme/Ralationship (Type, Print)

1 Burial 2 □ Cremation 3 □ Removal from Stata

Phillip T. Rodden

4 Dongton 5 Other (Specify)

Physician /Medical Examiner

Baltimore, Maryland 21215-0020

Examiner To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours either death.

To the Funeral Director: After this certificate hes been signed by the ettending physician and completely filled in by the funeral director, page 2 should be deteched for use as the bunel-transit Physician/Medical Be Completed by Certification: To

Division of Vital Records, P.O. Box 68760,

Jarrey D Jan	luser Moury 108 William St. Berlin, MD 21811	Home
Immediate Causa (Final disaase or condition rasulting in death)	Acute Myelogenous Leukemia. Acute Myelogenous Leukemia.	Approximata Interval Batwaen Onset and Death
Sequentially list conditions, if any, laeding to immediata causa. Entar Undarlying	b. ————————————————————————————————————	
Causa (Disaesa or Injury that initiated avants rasulting in daath) Last	cDua to (or as a consequence of):	
Part II Other significant condition	s contributing to death but not reculting in the underlying enurs given in Part i	billiude to the enues of deat

20b. Place of Disposition (Nama of cematary, crematory or other place)
Sunset Memorial Park

22 Name and Address of Eacility

1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was en eutopsy performed? 2 No 1 ☐ Yes 2 ☐ No 25. Was case refarred to medical axaminer? 26. Placa of Deeth (Check only ona) Hospitel: 1 The patient 2 ER/Outpatient 3 DOA 1 ☐ Yes 2 PNo Othar: 4 ☐ Nursing Homa 5 ☐ Rasidence 6 ☐ Othar (Specify) 27. Manner of Daath 28b. Tima of 28d. Describe how injury occurred 28c. Injury at Work? 1 Naturai 5 Pending 1 Yes 2 No Invastigation 2 Accident 6 Could not be datarminad 3 Sulcida 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 28a. Place of Injury - At home, farm, straet, factory, office building, atc. (Specify) 4 Homlcide 1 Certifying Phyelcian: To the best of my knowledga, daath occurred at tha time, data and place, and dua to tha cause(s) end mannar as stated. Medical 29a. Cartifian 2 Medical Examinar: On the best of my knowledge, death occurred at the limb, date and place, and due to the cause(s) and manner stated. 29b. Signatura and titia of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year)

St

State Registrar

0,

31. Data filed (Month, Day, Year)

JO H. PARK

32. Ragistrar's Signatura

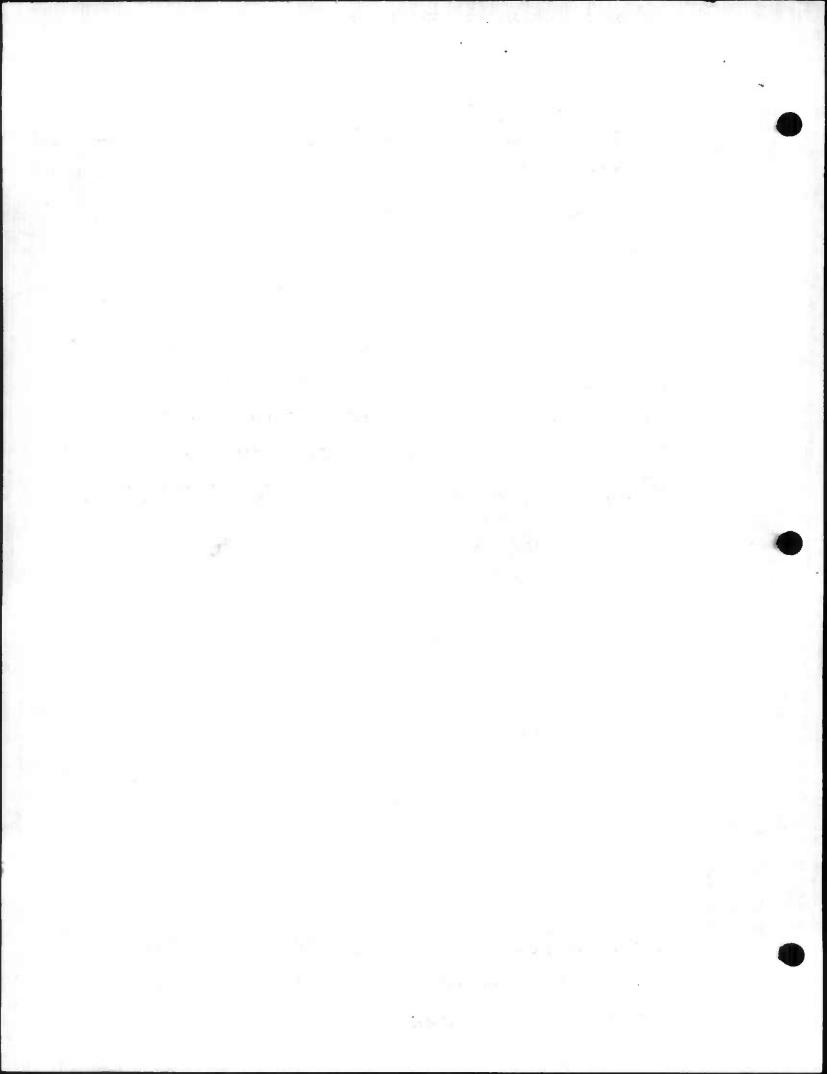
30. Nema and address of person who complated causa of deeth (Itam 23a) (Type, Print)

UMCC

JUN 08 1997

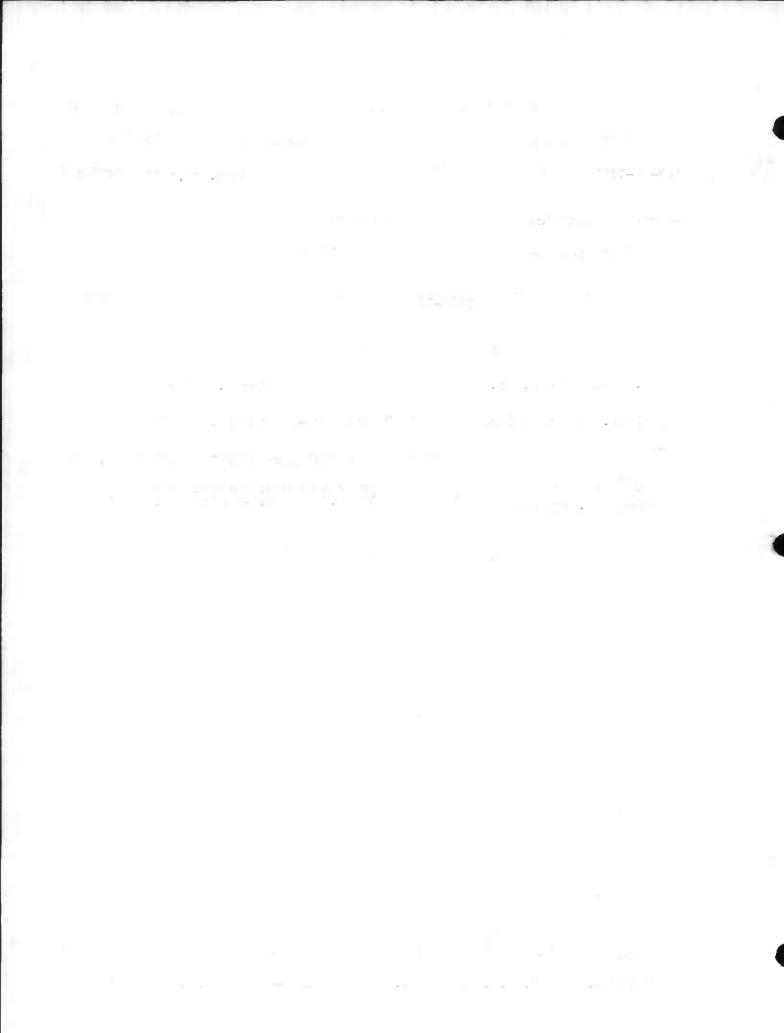
devolver Reals

225 Greene



State of Maryland / Department of Health and Mental Hygiene 97

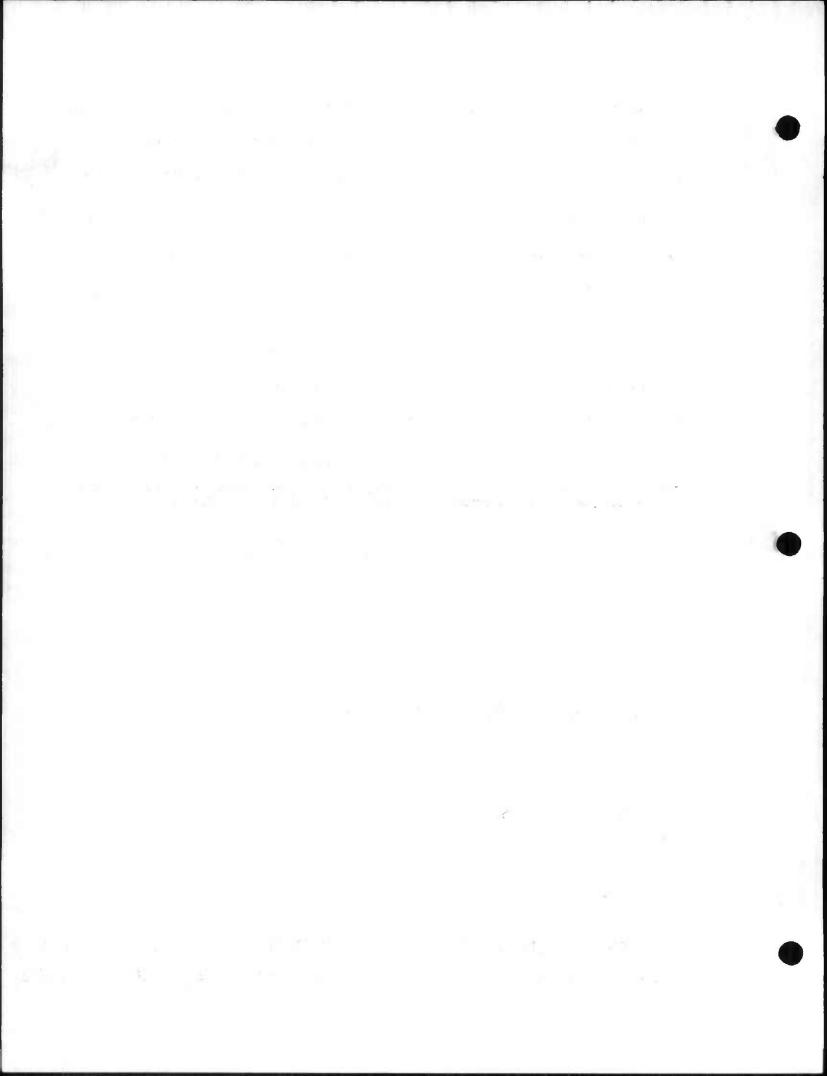
						$C\epsilon$	ertificate	of	Death			Reg. No.	, ,	10014
			1. Decedent's Name (First, Middle	, Last)							2. Date of De Month		Vana	3. Time of Death
	Physic /Medi			GEORG	E MILI	ES RIG	GIN				June	Dey 5	Year 1997	4:55 PM
	Exami		4a. Fecility Neme (If not institution	, give street end n	um <i>ber)</i>				4b. City, Tow	n, or L	ocation of Death			
7			1917 Pine	Way					Sali	sbu	ıry	Wico	mico	
	Funeral Director	Г	5. Sociel Security Number 167–38–7127	6. Sex 1 X M 2 ☐ F		s. last birthday		Year Days		4 Hrs. Min.	8. Dete of Bir (Month, Da	y, Year)	Cour	place (Stete or Foreign htry) yland
	D		Usuel Residence of Decedent								Debre-	10,1932		
	how		10a. State 10b. County		10c. (City, Town or L	ocation						1	0d. Inside City Limits
	Ma Hited	cto	Maryland Wico	mico		S	alisbu	ry						1 ☐ Yes 2 📉 No
	th th	Director	10e. Street and Number				10f. Zip C					10g. Citizen of	What Cour	itry?
	23a	a	1917 Pine	Way				2:	1804			USA		
	dea	Funeral	11. Marital Status	12. Wes Dec	cedent Ever In	U,S. 13.	Was Decede	nt of l	Hispanic Origi	in? (Sp	ecify Yes or No Rican, etc.)	- 14. Ra	ce - Americ	
020	filed within 72 hours after death with the Maryland Hygiene. "natural", or flems 23a or 28a-f show the than "natural", or flems 23a or 28a-f show int, the Medical Expirition installs inclifted at	þ	1 ☐ Never Married 2 ☑ Marri 3 ☐ Widowed 4 ☐ Divorced	ed 1X Yes	2 No		1 ☐ Yes 2			T dont	ritoari, oto.,		y: Whi	
5-0	72 hc	ted	15. Decedent (Specify only highes	s Education	7)	16a. Dece	edent's Usuel	Occu	pation during most of	of work	ina	16b. Kind of B	usiness/In	dustry
21215-0020	d within giene. or then "	Completed	Elementary/Secondary (0-12)	Ť -	(1-4or 5+)	life.	DO NOT use Chef	retire	ed)	or work	wig.	Restau	rant	
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			19e. tnformant's Name/Relationsh Connie F. Rigg		e)		_				bury, N	or, City or Town		Code)
ore	of He day		20e. Method of Disposition	_		. Placa of Disp	osition (Neme	of er nie	ace)		Dete	20c. Location	City or To	wn, State
E	Pege nent nr: If nry or		UX Burlal 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (Sp		State	nnyrid				k 16	/8/97	Crisf	ield,	MD
Baltimore,	permit. Peges 1 end Depertment of Health Important: if Item 27 any injury or other tr ance.			Bem	Shew) 2		sha	aw & So		Funeral	Home	D 24	1047
			Robert H. B 23a. Part1. Enter the disease, or	complications thet	caused the de	eth. Do not er						,	2	Approximate
V	Physician		shock, or heart feilure. List of	only one ceuse on	each line.								i	Interval Between Onset end Death
18	/Medical		Immediate Cause (Finel	Mo	toski	1.	Mr	1'-	11. 4		Welan	Owe.		2
	Examiner		disease or condition resulting in death)	a. // 62/		(or es e conse	ornance of):	1	ven		(-6)			Sako
Ц		Je l			56010	(0. 00 0 00.00	,4401100 017.	V						
	icate be axecuted physician and s the bunat-transit	Examiner	Sequentially list conditions.	b	Due to	(or es e conse	quence of):							
ó,	e axe		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying											
68760,	ate by hysici	lica	cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting in death) Last	c	Due to	(or as a conse	quenca of):							
×	requires that the death certificate be assecuted required by the attending physician and hould be datached for use as the bunal-transit	/Medical	rooding wooding East	d										
Bo	atten for u	Physician/												
o	that the de ned by the a datached	ıysi	Part II. Other significant condition	is contributing to o	death but not re	esulting in the	underlying ceu	ise gi	iven in Part I.			X		the cause of death?
Δ.	that ded by data										10	Yes 2/2 No	3 Prol	bably 4 Unknown
Records,	uires n sign	d by									24a. Was	en autopsy	24b. W	ere autopsy findings
00	v require been si should	lete										rmed?	00	eilable prior to mpletion of cause
Re	The law eta has b page 2 s	Completed												deeth?
			25. Was case referred to medical								10		11.	Yes 2 Ne.
Vital		o Be	examinar?	Hospitel:			-5000	Ot	hor:		h (Check only o			
of			27 Manper of Deeth	28e, Date	of Injury	ER/Outpatie	-		4 LI NUIS	sing Ho		dence 6 □OtI how Injury occu		<i>V)</i>
on	ding Ih. After funer	tior	Naturel 5 Pending investig	(Moi	nth, Day Year)	Injury	М	tnju Wo	ork?]Yes 2.∐N	0		,,,,		
ISI	or Attending eftar deeth. Director: After I in by the fune	fica	3 ☐ Suicide 6 ☐ Could n	ot be	a of injury - At	home, farm, s		_		-	28f. Location (Street and Num	ber or Rure	al Route Number,
Division	or lor lor lor lor lor lor lor lor lor l	Certification:	4 ☐ Homicide determi	build	ling, etc. (Spec	cify)	,,	511100			City or To			,
	To the Hospital or Atte within 24 hours eftar de To the Funeral Directo completaly filled in by th	edicai C		Phyalcian: To the xaminer: On the b	pasis of examin									
	the of the omple	M	29b. Signature and title of certifier	andmar	nner stated.)	29c. I	lcen:	se number		- T	29d. Date signe	d (Month	Day Yearl
	F ≥ F 8			8/	11/	MAN	200.	1	7 / -	-	C			da
			70	-	1	VID		U	060	47	8	6-1	0-	7_/
			30. Name and address of person v David E. Co			em 23e) (Type 145 E.		1	St		alisbur	MD.	21801	
	Sta	to	31. Date filed (Month, Day, Year)	,				-			u. LowuL	19 110	-100]	,
	Registr	-		3 1997	Registrar's Sig	Residence R	ridall							



State of Maryland / Department of Health and Mental Hygiene

97 1907

					Cei	rtificate	of i	Death			Reg. No.			
Dhusisi		1. Decedent's Name (First, Middle,	Last)							2. Date of D	eath	V	3. Time	of Death
Physicia /Medic		DORIS		Α.		SADO	WSK	Y		JUNE 6	Day ,	1997	8:2	25 AM
Examin		4a. Facility Name (If not institution, SUBURBAN H		um <i>ber)</i>			4	b. City, Tow BETH		ation of Dea		ounty of Death		
Funeral Director		5. Social Security Number 095-12-7623 Usuel Residence of Decedent	3. Sex 1 □ M 2 ☑ F	7. Age (In yrs.	last birthday) 6 Yrs.	if Under 1 Months	Year Days	If Under 2 Hours	Min.	8. Date of B (Month, D JULY 7	irth la <i>y, Year)</i> 1920	9. Birth Cou	place (State intry) YORK	e or Forei
r 28a-f show	or	10a. State 10b. County MARYLAND MONTGOM	ERY		ty, Town or Lo								10d. Inside	City Limi
with the	Directo	10e. Street and Number				10f. Zip C					10g. Citizer	of What Cou	untry?	
0 0	by Funeral	12400 CONNECTICU 11. Marital Status 1 Never Married 2 Marrie 3 Widowed 4 Divorcad	12. Was Dec Armed F	cedent Ever in U orces? 2 No live		20906 Was Decede f Yes, specif	nt of H / Cuba	ispanic Orig in, Mexican, Specify:	in? (Spec Puerto R	cify Yes or N lican, etc.)	0- 14.	D STATI Race - Amer Black, White Decity: WH	ican Indian,	
n 72 hours natural', adical Ext		15. Decedent's (Specify only highest)	16a. Deced	lent's Usuai kind of work OO NOT use	Occup done o	ation during most	of working	g	16b. Kind	of Business/I	ndustry	
iane.	Completed	Elementary/Secondary (0-12)	College	(1-4or 5+) 5+	MATHEM						US GO	VERNME	NT	
ould be filed Mantal Hygis arked other atic event, the	Be	17. Father's Name (First, Middle, Le PAUL ABRAMS	ist)					18. Mother	's Neme	(First, Middle	e, Maiden Su			
12 should be h and Mantal is marked or raumatic ev	To	19a. Informant's Name/Reletionshi	p (Type, Print)		19b. Meilir	ng Address (Street	ROSE			ber. City or T	own, State, Z	ip Code)	
Heelth a em 27 is other trac		GERSTEN SADOWSKY		D								PRING,		2090
8 5 4		20e. Method of Disposition 1 □ Burial 2 □ Cremation 3 4 □ Donetion 5 □ Other (Spe		State	Place of Dispo cemetery, cres DEAN ME	netory or oth	er plac	•	6/	Date 8/97		, MARY		
permit. Page Department of Important: If any Injury or once.		21. Signature of Funeral Servica Li	censee	16	22 D	. Name and ANZANS	Addres KY-	ss of Facility	ERG	MEMOR	IAL CH	APELS,	INC.	200
/Medical bhysician and s the buriel-transit	Examiner	Immediate Cause (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	a	Due to (d	or es e consequence as a consequence	uenca of):	a	fail	l Up	2			34	YS
ate be hysicia the bur	Medical	Cause, Disease or Injury that Initiated events resulting in death) Last	c	Due to (o	or as a c <i>on</i> seq	uence of):								
iras that the death certific signed by the ettending p d be detached for use es	Physician	Part II. Other significant conditions	19		0 .	nderlying cau	se giv	en in Part I.			,	e contribute		
requiras that the seen signed by th hould be detache	ğ	Congestiv	'e 4	leart	Fau	ma	2			1	Yes 201	No 3□Pro	obably 4	□ Unkno
aw requ	Completed					_				24a. Wa peri	s an autopsy formed?	a	Vere autops vailable prio ompletion of deeth?	or to
ysician: The last certificate he director, paga		ne Marana atau da matal									Yes 2□1	No 1	☐ Yes 2	□No
Physician: this certific rel director,	To Be	25. Was case referred to medical examiner? 1 ☐ Yes 2 No	Hospital:	(Inpatient 2□	ER/Outpetien	t 3 DOA	Oth	00		(Check only		Other (Spec	ihi)	
nding Physith. The this efunered di		27. Manner of Deeth 1 Natural 5 Pending 2 Accident investigation	28a. Dete (Mor		28b. Time of Injury		. Injun Worl		28		how Injury o		ny)	
To the Hospital or Attending Phwithin 24 hours after death. To the Funerel Director: After thi complately filled in by the funerel		3 Suicide 6 Could no determine	ad 286. Plac	a of Injury - At hi ling, etc. (Specif	ome, farm, str	eet, factory,	office		28	Bf. Location City or To	(Street and Nown, State)	lumber or Ru	rel Route Nu	ımber,
		29a. Certifier (Check only one) 12 Certifying 2 Medical Ex	Physician: To the aminer: On the b and mar	e best of my kno pasis of examina nner stated.	wledge, deeth	occurred at restigation, in	the tim	ne, date and olnion, death	place, ar	nd due to the	cause(s) en , date and pla	d menner es aca, end due	stated. to the cause	∍(s)
Withir To the comp	Me	29b. Signature and title of certifier	P.,			-	-	number	11			igned (Month		
		30. Name and address of person wh	no completed cau	se of deeth (Item	n 23e) (Type,	Print)	1	\	¥4n	9	6 . 1.	110	MD -	708
	e	31. Date filed (Month, Day, Year)		Tal La	mer re	ורשולו	~	Ln	<i>x</i> , -10	7	KOCKV	1100	W(D)	20



State of Maryland / Department of Health and Mental Hygiene

							Ce	rtificate	of	Death			Reg. No.		
П	Dhusia	i	1. Decedant's Nama (First,	Middla, Li	ast)						100	2. Data of D	eath Day	Yaar	3. Time of Death
	Physic /Medi			BEN	5	CHWART	Z					JUNE	8,	997	7:00 AM
	Exami		4a. Facility Nama (If not ins	titution, gi	va street and nu	im <i>ber)</i>				4b. City, To	wn, or Lo	ocation of Dea	th 4c. Coun	y of Death	
			11721 D	AISY	LA.					GLEN	N DA	LE	PRI	NCE C	GEORGES
Г	Funerai	г	5. Social Security Number		Sex	7. Aga (In yrs	s. last birthday)	If Under 1 Months		If Undar Hours		8. Data of Bi (Month, D	rth		placa (State or Foreign ntry)
٠.	Director		578-22-1026		1 ∑ M 2□ F	72	Yrs.	- Constant	Liney o	Tiours	101111.	FEB. 2	2,1925	WA	ASH. D.C.
	pu ,		Usual Rasidance of Daced			10.0									
	sho	_	10a. Stata 10b. C	ounty		10c. C	city, Town or Lo	ocation							10d. Inside City Limits
	Self M	oto		INCE	GEORGES	3	GLE	IN DALL	3						1 X Yas 2 □ No
	के क	Director	10e. Street and Number					10f. Zip (oda				10g. Citizen of	What Cou	ntry?
	ath w	0	11721 D	AISY	LA.				20'	769			J	J.S.A.	
	ar de	Funeral	11. Marital Status		Armed F			Was Decede If Yas, specif	nt of H y Cubi	lispanic Or an, Maxicai	igin? (Spi n, Puerto	acify Yas or N Ricen, atc.)		ce - Amari	can Indian, atc.
20	s ofte	by F	1 Navar Married 2		1 ☐ Yas It Yas, Gi	ive		1 ☐ Yas 2	No	Specify:			Spec	fv:	
8	72 hours effer death with the Merylend netural, or Items 23s or 28s-1 show dicel Examiner must be notified at	Q D	3 Widowed 4 □ Div		Yaar or E	Datas:								WHJ	
215-0020	C	Completed	15. De (Specify only	cedent's E highast gr	ducation ada com <i>plated)</i>		16a. Dece (Giva	dant's Usual kind of work DO NOT use	dona	ation during mos	st of work	ing	16b. Kind of I	Businass/In	dustry
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	should be filed within nd Mental Hygiene. marked other than "imatic event, the Me		17. Fathar's Nama (First, M	iddla Las				WEI	пол			a (First Middle	a, Maidan Suma		ED RACING
Maryland	Mental Merked o	Be C	BEN			n. r a tom r									
7	should be nd Mental marked o	2	19a, informant's Name/Rai	ationehln		WARTZ	10h Maili	na Address i	Stroot	and Alumb		MARIE	Der, City or Town	RFAX	n Codo)
Ma	alth end											ar Mouta Mullit	oer, City or Town	i, Sizie, Zij	Code
e)	s 1 and 2 should f Health and Men tam 27 is marke other traumatic		HOWARD F.	SCHWH	MITA/ SON		SAME Place of Dispo		IT	EM #	10	Data	20c. Location	- City or To	own State
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틆	it. Partme		4 ☐ Donation 5 ☐ Ott 21. Signature of Funaral Sa		•	C	HAMBERS					6/9	RIVE	RDALE	E, MD.
Ba	permit. Depenti		21. Signature of Funarai Sa	1 Light	risaa	.11	2	2. Nama and	Addra	ss of Facili	τy				
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7	Physician (Marian)		In the Control of the I				500 0							1	Onset and Death
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	ted nsit	듵			b. Chn	onico	bstruc	tive	Pu	Imor	nour	y du	Sloa	2	
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0	that the de ed by the detached	lys	Part II. Other significant co	nditions	contributing to d	eath but not re	sulting In the u	indarlying cei	ısa giv	an in Part	i.				to the cause of death
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of Vital Records,	lew requires that the as been signed by th 2 should be detache	d by										24a. Wa	s an autopsy	24b. W	ara autopsy findings
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Re	0 5 8	E D													death?
a	uclan: The li certificate har rector, page											1 🗆	Yas 200 No	11	☐Yas 2☐ No
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of	는 문 등		1 Yas 2 No		28a. Data		ER/Outpatle			4 LI NI	ursing Ho		how injury occu		(y)
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S	Attending or death.	cal	3 ☐ Sulcida 6 ☐ C	ould not b	OB Disease	of tables As 6				162 2		Opt Legation	Cton at and them	har as Our	of Boute Municipal
Division	or Attendent effer deat Director:	Ť	4 ☐ Homicida C	latarmined	build	e of Injury - At ting, atc. (Spec	ify)	raat, ractory,	OHICE			City or To	wn, Stata)	Der Grinun	al Routa Number,
	To the Hospital or / within 24 hours efter To the Funeral Direct completely filled in the first completely filled in the fi	1	29a. Certifiar 10 Ce	elfulna Di	huntainn. To the	boot of my kn	audodes desti		Abo Ale	- dat	el ala an				
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	ithin of the office of the off	X e	29b. Signatura and titla of c	ertifiar	andman	mar stated.		29c	Licans	a number			29d. Data sign	ed (Month	Day Year)
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	3		110							111	7		6-4-	71	
			30. Nama and addrass of po	orson who		sa of death (Ita	m 23a) (Type,	Print)	. ~	10	1.	1 6	ا م امرید	+m	O 106.9
			31. Data filad (Month, Day,	Year)		Registrer's Sign	natura	. Maric	שעכ	1 1	CW	1 Und	ONIDE	1 110	- 30110
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Consideration Consideratio	LΑ	97-30 WRENC	E	Please		aryland /	Departme	ent of	Health and	All Copies Mental Hy		le.	10077
Fund and the property of the p	SL	Physic	ian	Decedent's Name (First, Middle, Lawrence)	e Clint	on_S			Death	2. Date of De Month	ath Day Y		3. Time of Death 2:30 P. M.
Unusual Residence of Decederate 100. State	Funeral	ner	8650 ZIGGY LAN 5. Social Security Number 6. 9	E Sex 7. Ag	e (In yrs. last b	Month	der 1 Year	GAITHER	RSBURG s. 8. Date of Bird (Month, Da	MONTO	OME Birthple Count	ace (Stete or Foreign	
Lee A. Slabaugh Lee A. Slabaugh Lee A. Slabaugh Juanta Finley 190. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zep Code) 3825 Cassandra Rd., Randallstown, MD. 21133 206. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zep Code) Thomas Sonoga/Brotther in Law 206. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zep Code) Thomas Sonoga/Brotther in Law 206. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zep Code) Thomas Sonoga/Brotther in Law 206. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zep Code) Thomas Sonoga/Brotther in Law 206. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zep Code) Thomas Sonoga/Brotther in Law 206. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zep Code) Thomas Sonoga/Brotther in Law 206. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zep Code) 206. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zep Code) 207. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zep Code) 208. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zep Code) 209. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zep Code) 209. State of State S			ector	Usual Residence of Decedent 10e. Stete 10b. County Maryland Montgom	ery	10c. City, Tov	hersbur			yan.21,		10	od. Inside City Limits 1 ☑ Yes 2 ☐ No
Lee A. Slabaugh Lee A. Slabaugh Lee A. Slabaugh Juanta Finley 190. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zep Code) 3825 Cassandra Rd., Randallstown, MD. 21133 206. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zep Code) Thomas Sonoga/Brotther in Law 206. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zep Code) Thomas Sonoga/Brotther in Law 206. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zep Code) Thomas Sonoga/Brotther in Law 206. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zep Code) Thomas Sonoga/Brotther in Law 206. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zep Code) Thomas Sonoga/Brotther in Law 206. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zep Code) Thomas Sonoga/Brotther in Law 206. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zep Code) 206. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zep Code) 207. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zep Code) 208. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zep Code) 209. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zep Code) 209. State of State S	0	after death with or items 23s or miner must be or	Funeral	11 Chestnut Stree	12. Was Decedent Armed Forces? 1 ☑ Yes 2 ☐ I		13. Was De	2087 cedent of pecify Cut	Hispanic Origin? (pan, Mexican, Pue	Specify Yes or No nto Rican, etc.)	United 14. Raca - Black,	Stat	es an Indian,
Lee A. Slabaugh Lee A. Slabaugh Lee A. Slabaugh Juanta Finley 190. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zep Code) 3825 Cassandra Rd., Randallstown, MD. 21133 206. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zep Code) Thomas Sonoga/Brotther in Law 206. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zep Code) Thomas Sonoga/Brotther in Law 206. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zep Code) Thomas Sonoga/Brotther in Law 206. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zep Code) Thomas Sonoga/Brotther in Law 206. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zep Code) Thomas Sonoga/Brotther in Law 206. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zep Code) Thomas Sonoga/Brotther in Law 206. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zep Code) 206. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zep Code) 207. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zep Code) 208. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zep Code) 209. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zep Code) 209. State of State S	Z00-61Z1	within 72 hours ene. than "natural", re was sell Exe		15. Decedent's E (Specify only highest gra Elementary/Secondary (0-12)	Year or Dates: ducation ade completed)	168	7 1 . Decedent's U (Give kind of life. DO NOT	sual Occu work done Tuse retire	pation during most of w		16b. Kind of Busi	ness/Indi	
Physician Medical Examiner Physician Medical Examiner Sequentially list conditions Physician Medical Examiner Sequentially list conditions Physician Medical Examiner Sequentially list conditions Physician Medical Examiner Sequentially list conditions Physician Medical Examiner Sequentially list conditions Physician	aryland 2	should be filed and Mental Hygis s marked other umatic event, II	Be	17. Fether's Name (First, Middle, Last Lee	A. S.	labaugh			18. Mother's Na	ame <i>(First, Middl</i> e, Juanit	Maiden Sumame)	inle	4
Physician Medical Examiner Physician Medical Examiner Sequentially list conditions Physician Medical Examiner Sequentially list conditions Physician Medical Examiner Sequentially list conditions Physician Medical Examiner Sequentially list conditions Physician Medical Examiner Sequentially list conditions Physician	Imore, M	Pages 1 and 2 nent of Health ant: If Item 27 Is ury or other tra		20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐	Removal from State	20b. Placa c	of Disposition (form, crematory of	Vame of or other pla	ace)	Date	20c. Location - Ci	ity or Tov	vn, State
Sequentially list conditions, if any, leading to immediate cause. Enter Underlying the initial advents resulting in death) Lest Due to (or as a consequence of): Due to (or as) •	Physician /Medical	95	23e. Pert1. Enter the disease, or com shock, or heart failure. List only Immediate Cause (Finel disease or condition	plications that caused one cause on eech life	the deeth. Done.	10 E.I	Deer loode of dy	Park Dr.	, Gaithe	rsburg, M	ID. 2	Approximate Interval Between
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1	02 00 YO	n certificate be executed anding physician and use as the buriel-trensit	Exa	if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury thet initiated events	b c								
25. Was case referred to medical examiner? 1	5	s that the death ned by the atte e detached for		Part II. Other significant conditions of	ontributing to death b	ut not resulting I	n the underlying	g cause gi	ven in Part I.		2.0		
25. Was case referred to medical examiner? 26. Place of Death (Check only one) 27. Manner of Death 28. Dete of Injury of In	ec L	has has								Perio	rmed?	com of d	llable prior to apletion of cause eath?
Gaithersburg, Maryland 29a. Certifier (Check only one) 29b. Signature end little of certifier 29c. License number Gaithersburg, Maryland 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and menner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end placa, and due to the cause(s) 29b. Signature end little of certifier 29c. License number 29d. Date signed (Month, Day, Year)	ISION OF VICE	ttanding Physician: death. ctor: After this certific y the funeral director.	To Be	examiner? 1 Yes 2 No 27. Manner of Death 1 Netural 5 Pending investigation 3 Sixuicide 6 Could not b	28a. Dete of Inju (Month, Day found on 6/ 28e. Placa of Inju building, etc	7/97 28b. 7/97 2:28 2:28 2:28 2:28 2:38 2:48 2:48 2:48 2:48 2:48 2:48 2:48 2:4	Time of Injury P Id at M	28c. Inju Wo	her: 4 Nursing ry at rk?	eath (Check only of Home 5 Residence 28d. Describe to decedent in 28f. Location (San Town or Town	ne) lence expether now injury occurred nhaled exhaustreet and Number m. State) 8650	(Specify) aust or Rurel Ziggy	IN CAR
The state of the s		o the Hospita rithin 24 hours to the Funeral completely filled	edicai	(Check only one) 2 Medical Exam	yaiclan: To the best of	of my knowledge examination an	d/or Investigation	on, in my	opinion, death occ	e, and due to the curred at the time,	cause(s) and menn date end placa, and	er as sta d due to	the cause(s)

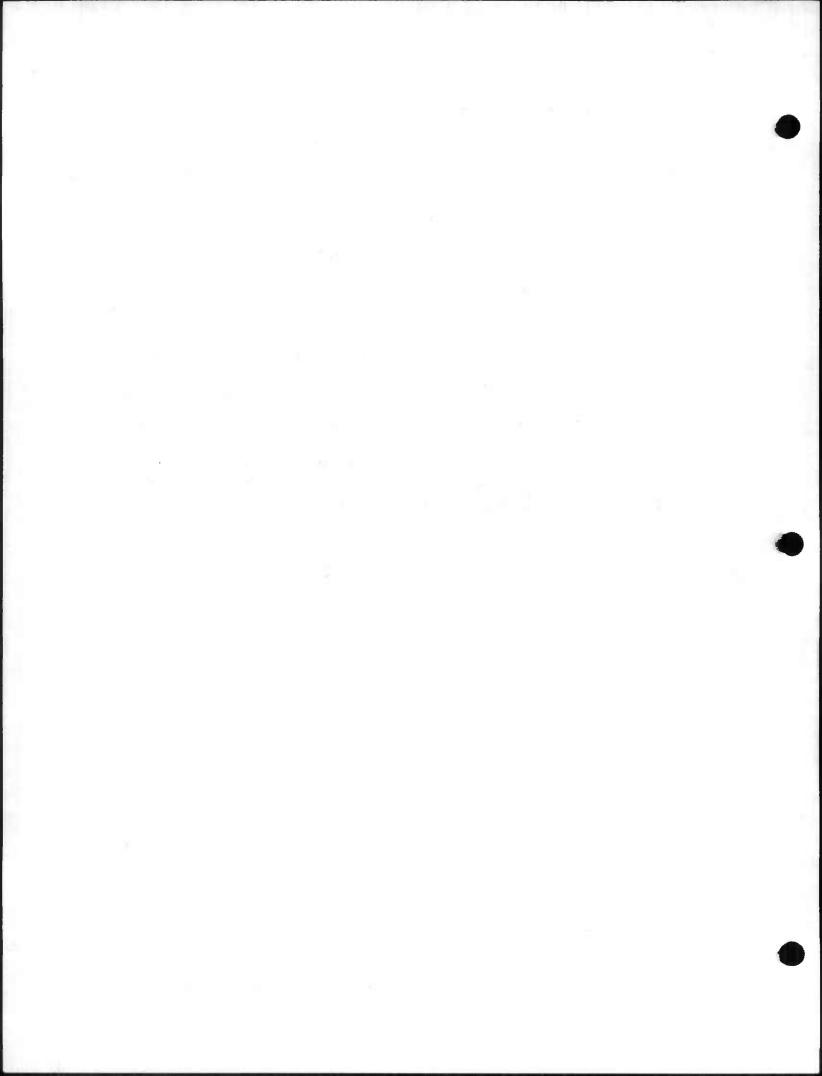
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

JUNE 8,1997

O.C.M.E.

State Registrar



WRC 97-3064-031 ALEXIS SMITH

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Physician
/Medical
Examiner

Funeral Director

death with the Meryland "natural", or items 23s or 28s-f shor The Medical I Hygiane.

Pagas 1 and 2 should be filed within 72 hours aftar nent of Haalth and Mentel Hygiane. الابامين الابامين الابامين الابامين Baltimore, Maryland 21215-0020 (0) permit. Pagas 1 and 2: Depertment of Health at Important: If Item 27 is any Injury or other trat

Physician /Medical Examiner

Physician: The law requires that the death certificate be axecuted burial-tran P.O. Box 68760, usa es the for datached tha 3 Division of Vital Records, 8 hes page 2 director. this Aftar Attending s effer dea. al Director: Afte

1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Tima of Death JUNE 05°, 1997 Alexis Diane Smith 3:00 AM. 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Montgomery SUBURBAN HOSPITAL BETHESDA 5. Social Security Number If Under 1 Year | If Under 24 Hrs. 6. Sex 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplece (Stete or Foreign Country) Months Days Hours Min 1 M 2 XF Yrs. 15 219-23-4174 Jan. 8, 1982 Washington, DC Usual Residence of Decedent 10e. State 10b. County 10c. City, Town or Location 10d. inside City Limits 1 ☐ Yes 2 No Directo Maryland Montgomery Rockville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 10143 Sterling Terrace 20850 United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian Black, White, etc. 11. Maritel Stetus I ☐ Yes 2 ☑ No f Yes, Give 1 Never Married 2 ☐ Married 1 Tes 2 No Specify þ Specify: 3 Widowed 4 Divorced Year or Dates White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind oi Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Student High School 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Michael Edward Smith Ellie Diane Priftis 2 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Michael Edward Smith/Father 18039 Cottage Garden Dr. #202, Germantown, MD 20874 20a. Method of Disposition 20b. Place of Disposition (Neme of Place of Disposition (ivame of competery, crematory or other place) June 9, 1997 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removal from State Gate of Heaven Cemetery 4 ☐ Donation 5 ☐ Other (Specify) Silver Spring, Maryland 21. Signeture of Funeral Service Licensee

22. Name and Address of Facility
Robert A. Pumphrey Funeral Home/Rockville, Inc.
300 West Montgomery Avenue
Rockville, Maryland 20850-2805
23e. Parti. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest.

Approximate Interval Between Onset and Deeth Immediate Cause (Final disease or condition resulting in death) Due to (or es e consequence ot) Examiner Sequentially list conditions, if eny, leading to Immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events resulting In death) Last Due to (or es e consequence of) Physician/Medicai Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the causa of death? 3 No 3 Probably 4 Unknown ģ 24b. Were autopsy findings aveilable prior to completion of ceuse of death? Completed 24a. Was en autopsy 1 XYes 2 No DYYes 2 No 25. Was cese referred to medical examiner? Be 26. Place oi Deeth (Check only one) examiner/ 14∑ Yes 2 ☐ No Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Dete of Injury (Month, Dey Year) 28b. Time of Injury 28c. Injury at Work? 27. Menner of Death Certification: 28d Describe how Injury occurred 1 Natural 5 Pending Investigation Accident 4-97 2055 1 Yes 1244181 80 Du au 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street and Number or Rural Route Number City or Town, Stete) Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide STRE + SAM FFG Leneca eas Certifying Phyeician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as stated.

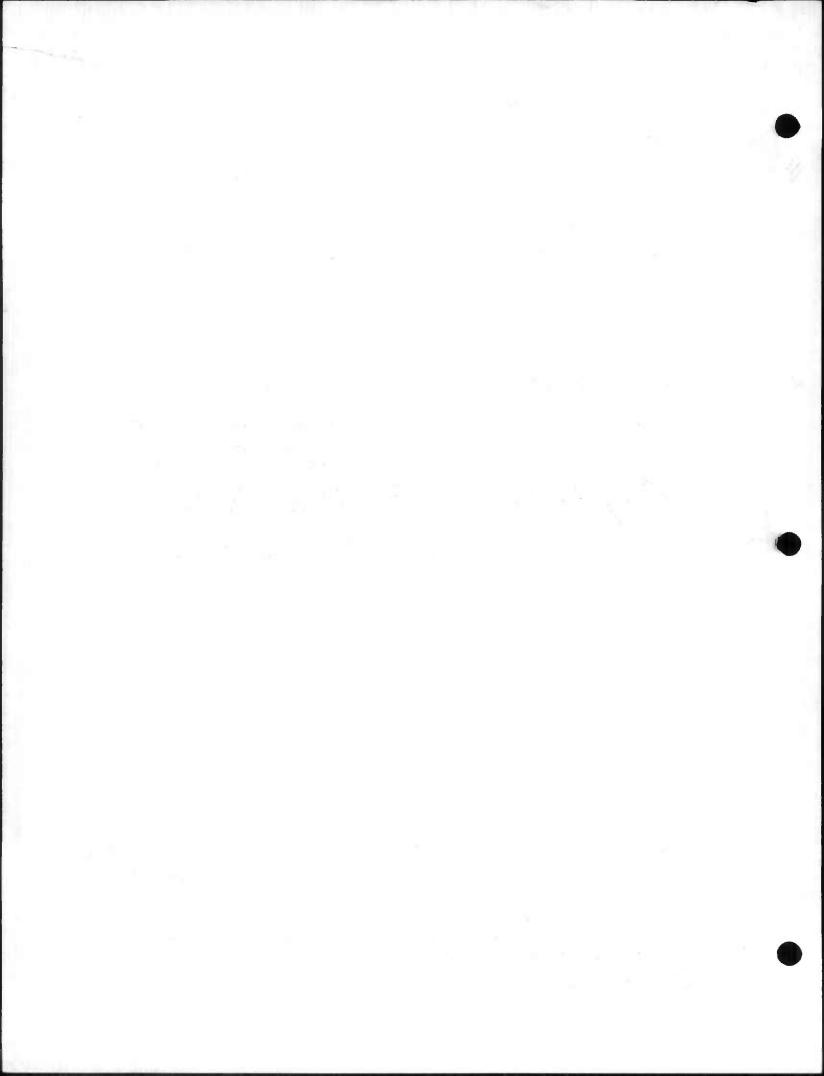
Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) 29a. Certific (Check Medical 29b. Signatu 29c. License number 29d. Date signed (Month, Dey, Yeer) O.C.M.E. JUNE 06, 1997 when address of person who completed ceuse of deeth (Item 23e) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 MA

32. Registre's Signature

Fuha DavidServ

State Registrar 31. Date filed (Month, Day,

To the Hospital within 24 hours expensed to the Funeral Complataly filled



State of Maryland / Department of Health and Mental Hygiene 19079 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** STARRI 6:30 PM ROBERT Samuel JUNE /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death Examiner 4c. County of Death Suburban Hospital Bethesda Montgomery 5. Social Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Deys Hours 100M 20 F Director 579-28-0714 Yrs. 70 Ohio August 11,1926 Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1 Yes 2 □ No Montgomery Kensington 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 10225 Kensington Parkway 20895 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 1 ☐ Yes 2X No If Yes, Give Year or Detes: 1 Never Married 2 Married 1 Yes 2√ No Specify: þ Specify: 35 Widowed 4 □ Divorced white Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Metro Graphics College (1-4or 5+) printing management AB Dick Co. 17. Fether's Name (First, Middle, Last) Be Francis Starrs Nell Cleary 19e. Informant's Name/Relationship (Type, Pnint) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Robert S. Starrs, Jr./son 332 2nd Ave., Sylva, North Carolina 28779 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1. ☐ Burial 2 Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Metropolitan Crematory June 7,97 Alexandria, Va. 21. Signeture of Funeral Service Licentin 22. Name and Address of Facility
DeVol Funeral Home 2222 Wisconsin Ave., N.W., Washington, D.C. 20007 Doily. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, bock, or heart failure. List only one cause on each line. **Physician** SEPTIC SHOCK /Medicai Immediate Cause (Final disease or condition resulting In death) Examiner Examiner SYSTEMIC INFLAMMATORY RESPONSE SYNDRIME Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in death) Last Due to (or as a consequence of) Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? CONFESTIVE HEART FAILURE, SEVERE MERONIC 1. Yes 2 No 3 Probably 4 Unknown þ OBSTRUCTIVE LYNG DISEASE, EMPHYSEMA, Be Completed 24b. Were autopsy findings eveileble prior to completion of ceuse of death? 24a. Was an autopsy CHRONIC BRONCHITIS, HYPOGAMMAGLOBULINEMIA 1 Yes 1 ☐ Yes 2 ☐ No 25. Was cese referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 ■npatient 2 □ ER/Outpatient 3 □ DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 27. Manner of Death 28a. Date of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending Investigation 1 Natural 1 Yes 2 No 2 Accident 3 ☐ Sulcide 6 Could not be determined 28e. Place of fnjury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Medical 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signature and title of cert 29c. License number 29d. Date signed (Month, Day, Year)

nd cause of death (Item 23a) (Type, Print)
MIN 4930 DEL

wha Davidson

RAY AVE BETHESDA, MO 20814

State Registrar

DHMH 16 Rev 6/95

the Maryland

28a-f show

permit. Pages 1 and 2 should be filed within 72 hours efter death with: Department of Haalth and Mental Hygiene. Important: If Item 27 is marked other than "naturely, or items 23a or any injury or other traumatic event, ma Manical Exercises.

sician and burial-transit

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been signed by t should be detact

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After

death.

within 24 hours after deat To the Funersi Director:

To the Fune completely fi

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the Hospital

illed in by the funeral

The law requires that the death certificate be axecuted

Box 68760

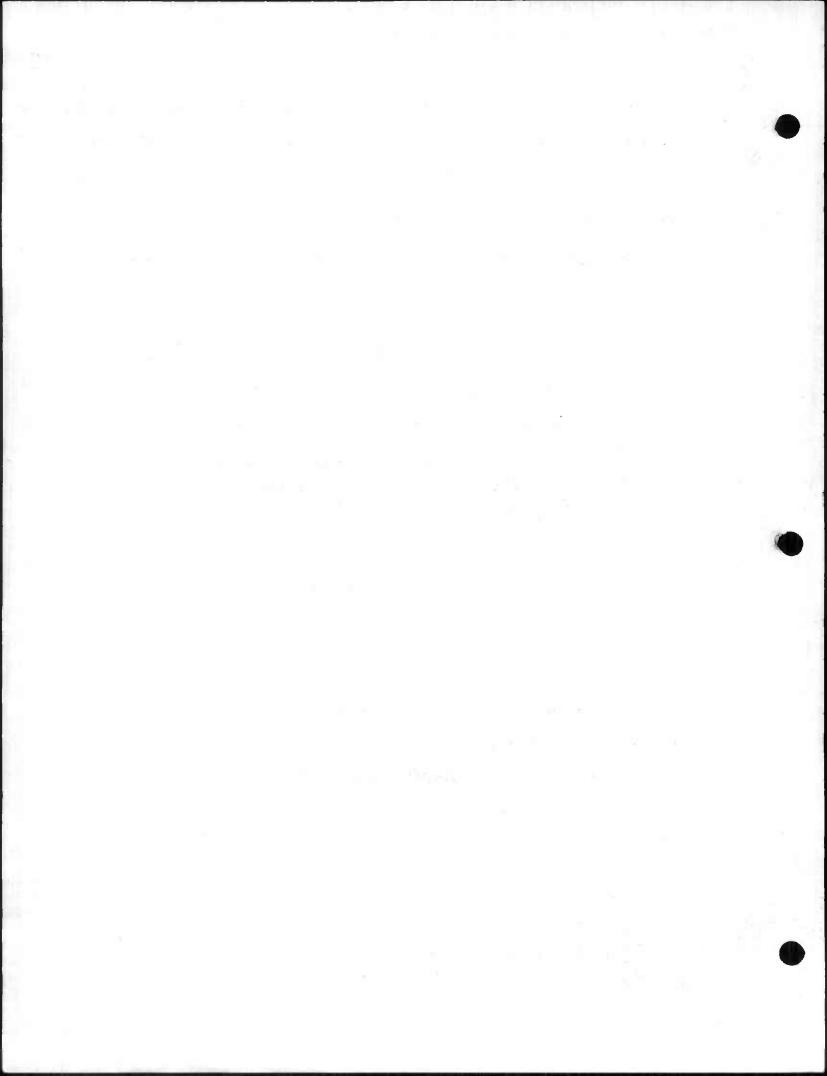
P.O. 1

Records,

Division of Vital or Attending Physician:

Baltimore, Maryland 21215-0020

Examiner must be notified at



State of Maryland / Department of Health and Mental Hygiene

Hygiene

97 19080

							Ce	rtificat	e of	Death)		Reg.	No.	21	13000
			1. Decedent's Name (First, Mid	dle, Las	it)							2. Date of D	eath			3. Time of Death
	Physic /Medi		CLAIR VER	NON	SPIDLE							JUNE 6	, 1	.997	Yaar	3:00 P.M.
6	Exami		4a. Facility Name (If not instituti	ion, give	street and numbe	r)				4b. City, To	own, or Le	ocation of Dea		4c. County	of Death	
			5212 BELVOII	R DR	IVE					BE	CHESI)A		MONTO	OMER	Y
Г	Funeral		5. Social Security Number	6. Se		Age (In yrs. las	t birthday)	If Under				6. Date of B	irth			place (State or Foreign
٠	Director		198.01.3206	1	XM 2□F	87	Yrs.	Months	Days	Hours	Min.	MARCH	17,	1910	PEN	NSYLVANIA
	pu ,		Usuel Residence of Decedent													
	arylan show		10a. State 10b. Coun			10c. City,	Town or Lo	cation								10d. insida City Limits
	W I	ct	MD MONTO	SOME	RY	BETH	IESDA									XXYas 2□No
	19 th	P.	10e. Street and Number					10f. Zip	Code				10g.	Citizan of \	What Cou	nfry?
	ath w	Funeral Director	5212 BELVOIR	DRI	VE				208	16				U.S	.A.	
	er de	nue	11. Marital Status		 Was Decedent Armed Forces 	of Evar in U,S.	13.	Was Deced	lent of city Cul	Hispanic Or ban, Maxica	igin? (Sp n, Puerto	ecify Yes or N Rican, etc.)	lo-		a - Ameri ck, White,	can Indian,
Maryland 21215-0020	filed within 72 hours efter death with the Maryland Hygiene. ther than "natural", or flems 23s or 28s-f show int, the Medical Exemines must be notified at	by	1 ☐ Never Married 2 ☑ Ma 3 ☐ Widowed 4 ☐ Divorce		Armed Forces ARM Yas 2 [If Yes, Give Year or Dafas					Specify		,		Specify		WHITE
5-(72 h	Completed	15. Decede (Specify only high	est ara	ucation de completed)		16a. Deced	dent's Usua	I Occu	pation during mos	st of work	ina	16b	. Kind of B	usiness/Ir	ndustry
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Ma	2 8 8 2		19a. Informant's Neme/Relation									al Route Num				D Code)
	of Health Itam 27 other tre		VELDA T. SPIDI 20a. Method of Disposition	.E/	WIFE	OOb Die		BELV(DR. I	BETHE	SDA, M	T -			
altimore,			1 Burial 2 ☐ Cremation	3 🗆	Removal from State	cem	etery, crer	natory or o	ther pla			Date		. Location -		
‡	tmer tant:		4 □ Donation 5 □ Other (PARK		MEM.				/9/97		CKVIL		
Bal	permit. Pages Department of Important: If It any injury or once.		21. Signature of Funeral Service	e Licens	/ felex							EPH GA				INC.
			23a. Part1. Enter the disease, shock, of heart failure. Lis	or gomp	lications that cause	ed the death.	Do not enf	ar fhe mod	e of dy	ing, such as	cardiac	or raspiratory	arrest,			Approximate
Q.	Physician		SHOCK, OF HEART FAILURE, LIS	st writy o	me cause on each	iine.									į	Interval Between Onsaf and Death
d	/Medical		Immediate Cause (Finel disease or condition		BRON	NCHO PN	EIIMON	JTA							1	7 DAYS
	Examiner		resulting in death)		a	Due to (or a									+	. 2110
-	n #	ner			ALZI	HEIMERS										3 YEARS
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Bo	that the death ce led by the ettendi detached for use	Physician/														
o.	the d ny the	ıysi	Part II. Other significant condit	ions co	ntributing to death	but not resultir	ng in the ur	nderlying ca	ause g	iven In Part	i.	23b. Dic	tobac	co uae coi	ntribute t	o the cause of death?
Δ,	that bed by deta		_ CONGESTIVE CA	RDI	OMYOPATHY	Y						1 🗆	Yes	ZX No	3 ☐ Pro	bably 4 Unknown
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<u>s</u>	eat or:	cat	3 Suicide 6 Could	tigation not be	One Diese of te	-ive AAberr	daine etc.	M		Yes 2		Oni Location	/Cton -			A Dr. M. M L.
Division	or A aftar Direc in by	Certification:	4 ☐ Homicide deter	mined	28e. Place of Ir building, e	etc. (Specify)	i, tarm, str	et, ractory	, опісе			City or To			er or Hur	al Route Number,
	To the Hospital or Attentwithin 24 hours aftar deat To the Funeral Director: completaly filled in by the	edical Co	(Uneck only 2 Medica	ng Phy I Exami	sician: To the best iner: On the basis	t of my knowle	dge, death	occurred a	at the ti	ime, date en	d place,	and due to the	cause	e(s) and me	nner as s	stated.
	To the Vithin 2 To the Complete	Med	0.107		and manner s	stated.		-				1				
	To with	7.7	29b. Signatura and Iifla of gertifi	al	Mie	Bull	9		454	sa number 1		-		JUNE		
	0		30. Name and eddress of person ALLEN NIMETZ		ompleted cause of 01 WESTE	RN AVE	NUE,	Print) N.W.,	WA	SHING	TON,	D.C.	20	815		
	Sta Registr	-	31. Date filed (Month, Judy Man	0 19		trar's Signeture										
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State of Marvland / Department of Health and Mental Hygiene

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				Olato ol	i wai yiana i		tificate		Death	icinarity	Reg. No	21	19081
	Physic	ion	1. Decedent's Name (First, Mic							2. Date of De Month	eth Day	v Yeer	3. Tima of Death
	/Medi		NELLIE HELEN	MADELINE SW	TEENEY SMO	OTHER	S			June	10		6:10 pm
	Examir	ner	4a. Facility Nema (If not Institut		nber)			4	4b. City, Town, or Lo	cation of Deat	h 4c.	County of Dee	th
			Physicians Memoria				M I In ton 4	Mana	La Plata			harles	***
١	Funeral Director		5. Sociel Sacurity Number 216-22-2574	6. Sex 1 □ M 2√2 F	7. Aga (In yrs. lest L 90	Yrs.	If Undar 1 Months	Days	If Under 24 Hrs. Hours Min.	8. Date of Bi	13,1	906 MAR	thpleca (Steta or Foreign YLAND
	P *		Usual Residence of Decedent 10a. Stata 10b. Cour	nty	10c. City, To	wn or Loc	ation						10d. Inside City Limits
	Mary 4 shy hed a	ò	MARYLAND CHA	RLES	WALDO	RF							iXXyes 2 □ No
	r 28a	Directo	10e. Street and Number				10f. Zip C	ode			10g. Citi	izen of What C	ountry?
	for death with the Manya Herre 23e or 28e-f show Inst.must.be.notified.at		#1122 GALLERY	PLACE				20	0602		UNI	TED STA	TES
	dont Linu	Funeral	11. Marital Stetus	12. Wes Dece Armed For	dent Evar in U,S.	13. W	es Dacede	nt of H	ispanic Origin? (Spe an, Mexican, Puarto	cify Yas or No	>-	14. Rece - Am	
21215-0020	ours after raft, or its Examina	by	1 ☐ Never Married 2 ☐ M 3 ☐ Widowed 4 ☐ Divorce	arried 1 Tes	2 XX No		□ Yes 2X			nican, etc.)		Specify: BI	ACK
5	72 h	Completed	15. Deced (Specify only high	ent's Education hest grade completed)	16	e. Decede	ent's Usuel	Occup	etion during most of worki i)	ng	16b. Ki	ind of Business	/industry
12	Par Par	g E	Elementary/Secondery (0-12		-4or 5+)				1)			מיד א זוד מכו	,
	18 4 4 8 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		UNKNOWN 17. Fether's Neme (First, Middle)	lo Last)		HOME	EMAKER	(18. Mother's Neme	/Cinch & Bladella		PRIVATE	,
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2	d Ma mark mark	To	19e. Informent'a Neme/Reletio		ECE_/	Dh Mailine	Address /	Stroot	and Number or Rure				Zin Coda)
	and 2 s loalth ar m 27 is her trass		ELIZABETH A. T		IGHTER 5.	580 S	STUCKE	EY R	ROAD, IND	IAN HEA	D, M	ARYLAND	20640
Baltimore	Pages 'ment of H ant: If ite ury or of		20e. Method of Disposition 1 Burial 2 Cremetion 4 Donation 5 Other		1818	tery, crame	etory or oth	ar plec		Dete 14/97		ORF, MA	
Balt	Depart Depart Import any in		21. Signature of Funeral Service	Theuto	ON MOOSS				NERAL HON			IEAD. MA	ARYLAND 2064
	V-1		23e. Pert1. Enter the disease, shock, or haert feilure. Li									,	Approximete Intervel Between
-3	Physician		SHOOK, OF HABIT FRIGITS. E.	A &	J	1	1 -	1	000		0		Onsat and Death
뤡	/Medical		immediete Cause (Finel diseasa or condition	Len	te Mm	ha	my	N	Fl Jun	Worn	Uhn	Cyp	× DANS
н	Examiner		resulting in death)	•1	Due to (or as	a consequ	iempe of):		00	2 1	M	1	navielle
	B #	line		- Sir	21 (ans	SU	do	nì	N Vm	2 v	1110	ger	of most in
90,	be seacuti cian and burial-tran	at Examiner	Sequentially list conditions, if any, leeding to immadiete cause. Entar Undarlying Cause (Diseese or Injury that initiated events	J. De	Due to (or as a	Ricousedn)_ (1	laher	ben	A	ne	Kycoa
x 68760,	ufficase og physi	Medical	thet initieted events rasulting in death) Last	1. A	Que to (or as a	Comeque	edde ou): V	R	renad	ww)	11	azzasi
Box	auth cer attendir for use	Physician/M		-									0
-	0 0 0	ysic	Pert ii. Other significani condi	tions contributing to de	ath but not resulting	in the und	derlying cau	ise giv	en in Pert I.	23b. Dld	tobacco	uss contribute	s to the causs of death?
P.O.	M 25 H									10	Yes 2	□ No 3□ P	robably 4 Unknown
Vital Records,	requires been sign should be	Completed by								24a. Wes	an autop	'	Were eutopsy findings available prior to completion of cause
360	Man and and and and and and and and and a	μ										A	of deeth?
<u>a</u>	£ 48		PHO-1011							1 🗆	Yes 2	DING	1 ☐ Yas 2 ☐ No
#	ician: certific rector.	Be	25. Was case referred to medic examiner?	Hospital:				Othe	28. Plece of Deeth	(Check only	one)		
ō	Physics of the district of the	To.	27. Menner of Deeth	28e. Dete o	patient 2 ER/C	Outpatient . Tima of	3□ DOA		4 ☐ Nursing Hor	na 5 ☐ Rasi 28d. Describe			ocify)
Division	Alle fund	Certification:	1 Naturel 5 □ Pend		Day Year)	Injury	M	D. Injun Work	k? Yes 2 □ No	zou. Describe	riow injur	y occurred	
isi	or Attending after death. Director: Afte of in by the fune	fica	3 ☐ Suicide 8 ☐ Coul	d not be	of Injury - At home,	ferm. strae				28f. Location /	Street an	d Number or R	ural Route Number,
á	after A Direct	T e	4 ☐ Homicide		g, etc. (Specify)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			City or To			
	To the Hospital or A within 24 hours after To the Funeral Dire completely filled in b.	edical C	29s. Certifier S. Certify (Check cell 2 Medical Medical Certifier Certifier (Check cell 2 Medical Certifier Certifie	ring Physician: To the base Examiner: On the base and manner	sis of examinetion e	ge, death o	occurred et	the tim	ne, dete end plece, e pinion, deeth occurre	end due to the ed et the time,	ceuse(s) dete end	and menner a piece, end due	s stated. e to the cause(e)
	To the To the	Me	29b. Signature and title of certif		Λ		\$9c. I	License	e number		29d. Det	te signed (Mon	th Day, Year)
	110	1	Min	[chall	n n	1	10	_ 2	20629		6	111	197
•			30: Name and address of perso	who completed cause	of deeth (Item 23a)) (Type, P	rint)					110	1
			7	11345 Pembroo				Wald	lorf, Maryla	nd 20603			
	Sta		31. Dete filed (Month, Dey, Yea	r) 32. Re	gistrer's Signature								
	Registr	ar	JUNI	3 1997	alia Davideo	rhand	alt						

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State of Maryland / Department of Health and Mental Hygiene 97 19082

						Certificate	of Death		Reg. No.	1	1000
	Dhusia		1. Decedent's Name (First, Middle, La	ist)				2. Date of D Month		Year	3. Time of Death
	Physic /Medi		John BOYDEN	Stone				June		1997	4:00a.m
	Exami		4a. Facility Nama (If not institution, gh	re street and number)			4b. City, Town,	or Location of Dea	th 4c. County	of Deeth	
			5917 Michael R				WAldori		Char	Les	
	Funeral Director			Sex 7. Age	e (In yrs. las	t birthdey) If Under Months Yrs.		in (Month, D	rth ev. Year) 25, 1921	9. Birth	placa (State or Foreigntry) HINGTON DC
	pue		Usual Residence of Decedent 10e. State 10b. County		10c City 7	Town or Location					and incide City I in the
	the Marylar 28a-f show	20	MARYLAND CHARLE	c	100. Oky,		חר				10d. inside City Limite 1 ☐ Yes 2 🔏 No
	28a-	Directo	10e. Street end Number	3	<u></u>	WALDO			10g. Citizen of	What Cou	
	ath with	eral Di	5917 MICHAEL ROAD	T			20601		UNITE	D STA	TES
21215-0020	Jwithin 72 hours after death with the Maryland plene. I than "natural", or Itema 23a or 28a-f show the Modical Examiner must be notified at	by Funeral	11. Maritei Stetus 1 Never Married 2 Merried 3 Widowed 4 Divorcad	12. Was Decedent I Armed Forces? Wayes 2 N if Yes, Give Yeer or Dates:		13. Was Decede	ent of Hispenic Origin? fy Cuban, Mexican, Pu KNo Specify:	(Specify Yes or N erto Rican, etc.)	o- 14. Rac Bia Specif	ck, White,	can indian, etc.
5-0	72 hours "natural",	Completed	15. Decedent's E. (Specify only highest gro		1	16a. Decedent's Usuai	Occupation done during most of v	working	16b. Kind of B		
21	ithin en	ple	Elementery/Secondary (0-12)	College (1-4or 5	5+)	life. DO NOT use	retired)	volking			
	77 75 16 100	S	12	3		CARPET ES	STIMATOR		WHO	OLESA	LE
Maryland	s 1 and 2 should be filed within f Health and Mental Hyglene. Item 27 Is marked other than other traumatic event, the M	B	17. Fathar's Neme (First, Middle, Last					lame (First, Middle		10)	
S	should nd Men marke	10	ALONZO MILTON STO					EDNA BO			
Mai	2 9 6 8		19a. informant's Name/Relationship (Street end Number or				
	1 and 2 Health em 27 I		M. VIRGINIA STONE 20a. Method of Disposition	- MILE	1	a of Disposition (Nem	EL ROAD, WA	Dete Dete			
آور	Pages nent of I nnt: If its		1 Burial 2 Cremation 3		cem	etery, cremetory or oth	ner pleca)		20c. Location		
Baltimore,	permit. Pag Department Important: If any Injury o		4 Donation /5 Other (Special	y)	MT.	REST CEME				ATA,	MARYLAND
Ba	permit. Pages 1 and Department of Health Important: If item 27 any Injury or other tr once.		21. Signature of Funeral Service Licer	Sicham		THE HUN	Address of Facility THE FUNERAL	HOME, IN	IC.		
_			MARK G. BROHA		U		156, WALDO			0604	
B			23a. Part1. Enter tha disease, or com shock, or heart failure. List only	plications that caused one cause on each iir	I the death. I ne.	Do not enter the mode	of dying, such es card	lec or respiretory	errest,	İ	Approximate interval Between Onset and Deeth
	Physician /Medical		immediata Causa (Final								Oriset sing Deeth
	Examiner		disease or condition resulting in death)	_		Heart Fa	ilure				Lec
		9			Due to (or as	s a consequance of):					
	ured	Examiner		b. ————————————————————————————————————	Dun to form	, ,					
Ć,	exec in and ial-tra	Exa	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying		Due to (or as	s e consequence of):					
68760,	erificate be executed ling physician and e as the burial-transit	cal	that initiated evants	c	Due to for ea	e consequenca of):					
	g phy as th	Medical	resulting in death) Last		D06 (0 (0) 63	o consequence ory.					
Box	eath cert attendin I for use	N/VI		d							
	requires that the death certificate be executed some signed by the attending physician and thould be detached for use as the burial-transit	Physician/	Part ii. Other significant conditions of	ontributing to death bu	ut not resultir	ng in the underlying ca	use given in Part i.	23b. Dio	tobacco use co	ntribute t	o the cause of death
P.0	that the de ad by the detached	h'							Yes 2□No	3 Pro	
	es the igned be de	by F						-	31		
Records,	been should								s an autopsy ormed?	8V	ara autopsy findings vallable prior to
ec	Z se z	Completed						- 1		of	ompletion of cause death?
2	The ata h	Con						10	Yes 2 X No	10	☐ Yes 2☐ No
/ita	ysician: The s certificata director, pag	Be	25. Was case referred to medical examinar?				26. Piaca of D	eath (Check only	one)		
of Vital	Physician: this certific ral director,	2	1 ☐ Yes 2日TNo	Hospitai: 1 ☐ inpatie		/Outpatient 3□ DO/		Home 5 HRes	idenca 6 DOth	er (Specia	(y)
	Affect Affect funera	0	27. Manner of Death 1-2 Natural 5 ☐ Panding	28a. Date of injur (Month, Day	y Year) 28		c. injury at Work?	28d. Describe	how injury occur	red	
Sic	Attending r death. ector: Afte by the fune	cat	2 Accident investigation 3 Suicide 6 Could not b	Α		M	1 Yes 2 No				
Division	or Attendate after deat Director:	Certification:	4 ☐ Homicide datermined	28e. Placa of inju building, etc	ury - At home c. (Specify)	e, ferm, street, factory,	office		(Street and Numi own, State)	er or Run	al Route Number,
	pittal orns filled		29a. Cartifier tril Certifying Ph	voicion. To the best of	dans bassala	4 44	Mariator de Arivo de La				
	To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the fune	edical	(Check only 2 Medical Exam	ysician; to the best of niner: On the basis of end menner sta	axamination	and/or investigation, i	the time, date and pia in my opinion, death oc	ce, and due to the curred at the time	date and place,	and due t	nated. o the cause(s)
	o the	Me	29b. Signature end title of cartifier	4		29c.	License number		29d. Dete signe	d (Month.	Dey, Year)
	F 5 F 0		* Kories	1	M271	^-	D28352		June 9,		
			30. Name and address of person who	completed cause of dr	aath (itam 23						
			Krishan Mathur				29 T.a. D1	lata M	2064	6	
_		_			4 · U	. DUA ZI	LJ, Ld P.	lala, M	D 2064	t O	

Registrar DHMH 16 Rev 6/95

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			nd / Dep	artment	of Health a		ental Hy		7	9083	
1. Decedent's Neme (First, Middle,	Last)						2. Dete of Dec			3. Time of Death	
Constance E1	izabeth	Swann	ı				June	10 1	997	3:15p.m	
4e. Fecility Neme (If not institution,	give street end nu	m <i>ber</i>)			4b. City, To	wn, or Lo	cation of Deeth	4c. County	of Death		
12650 Sycamo	re Lane				Char	lott	te Hal	1 Cha	rles		
5. Sociel Security Number 6 579-22-5605 Usuel Residence of Decedent	Sex 1 M 2 F	7. Age (In yrs. 73	lest birthdey, Yrs.		Year if Under Deys Hours	Min.	8. Dete of Birt (Month, De) MARCH	6,192	Count	ece (Stete or Fore ry) SH • • D • C	
10e. Stete 10b. County		10c. Ci	ty, Town or L	ocation					10	d. Inside City Limi	
MARYLAND CHA	RLES		CH	ARLOT'	TE HALI					1□ Yes 2□	
10e. Street end Number	מממא		CH.	10f. Zip C				10g. Citizen of V	Whet Count	21	
12650 SYCAMOR	E LANE				20622					.,.	
11. Maritel Stetus		edent Ever in U	10 12		nt of Hispenic Orl	ala? (Caa	oifu Vac or No.		o - America	o Indian	
1 Never Merried 2 Merried 3 StWidowed 4 Divorced	Armed Fo	orces? 2 (XNo ve	13.	If Yes, specify	y Cuban, Mexican	i, Puerto F	Rican, etc.)		ck, White, e	tc.	
15. Decedent's	Yeer or D	etes:	16a Daga	double Haylati	Occupation			40h Kind of B	WH]		
(Specify only highest			(Give	dent's Usuel (kind of work DO NOT use	done durina mos	t of workir	ng	16b. Kind of Bu	usiness/ind	ustry	
Elementary/Secondery (0-12)	College (1-4or 5+)				- NID D	D .	TI C C(NT III		
7. Fether's Neme (First, Middle, La	st)		ELE	CTRON		[NEE]		U.S.G(
JAMES PROCTO	R						THOMPS		/		
19e. Informent's Neme/Reletionship			19b Mail	ing Address /	Street and Number				Ctato Zin	Codol	
	ANN							EWBURG		20664	
Oe. Method of Disposition 1 □ Burial 2 ▼Cremetion 3 4 □ Donetion 5 □ Other (Spe	☐Removel from	Stete	Plece of Disponentery, cre	osition (Neme metory or other	er plece)		Dete	20c. Location -	City or Tov		
21. Signeture of Funerel Service Lic	••	ME	-		Address of Fecilit		0-11	ומא ופ-	DAANI	NIA, AN	
> Islichoe	007	Gun		RAYM	OND FUN	IERA					
23a. Pert1. Enter the disease, or co shock, or heert feilure. List or	inplications that one cause on e	aused the deet each line.	th. Do not en	ter the mode	of dying, such es	cardiec o	r respiretory er	rest,		Approximete Intervel Between Onset end Deeth	
mmediete Cause (Finel disease or condition	End	End Stage Heart Failure								Vol.	
resulting In deeth)	е	Due to (or es a consequence of):									
		was to far as a satisfaction off.									
Sequentially list conditions,	b	Due to (c	or as a conse	quence of):							
f eny, leeding to immediate gause. Enter Underlying											
Cause (Diseese or Injury hat Initieted events	C. ——	Due to (o	r es e consec	quence of):							
resulting in death) Last	d	Due to (or es e consequence of):									
									I I		
art II. Other significant conditions	contributing to de	eath but not res	ulting in the u	inderlylng cau	ise given in Pert I.			obacco use co ∕ss 2□No	ntribute to	the cause of deat	
							24e. Wes	an eutopsy med?	ave	re autopsy findings liable prior to apletion of cause eeth?	
							1 🗆 Y	es 2 No		Yes 2□ No	
25. Wes case referred to medical examiner?						of Deeth	(Check only o	ne)			
1 ☐ Yes 2☐VNo	Hospitel: 1 □ I	npatient 2	ER/Outpetie	nt 3 DOA	Other: 4 Nu	rsing Hon	ne 5 Resid	enca 6 Oth	er (Specify,)	
27. Menner of Deeth 1-E Neturel 5 Pending 2 Accident Investigat		of Injury th, Day Year)	28b. Time o tnjury	M 280	injury et Work? 1 ☐ Yes 2 ☐ I		8d. Describe h	ow injury occur	red		
3 Suicide 6 Could not 4 Homicide determine	286. Piece	of Injury - At he	ome, ferm, st	reet, fectory, o	office	2	8f. Location (S City or Tow	treet end Numb n, State)	er or Rurel	Route Number,	

Physician /Medical **Examiner**

been signed by the ettending physician and should be detached for use as the buriel-transit pege 2 s within 24 hours after death.

To the Funeral Director: After this certificate to completely filled in by the funeral director, peg.

To the Hospital or Attending Physicien: The law requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760,

Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Part II. Other significant conditi

Examiner Physician/Medical Certification: To

þ Completed Be

25. Wes case referred to medical examiner?

Medicai

1 ☐ Yes 2 ☐ No 27. Menner of Deeth

29e. Certifier (Check only one)

Directo

Funeral

þ

Completed

Be

Physician

/Medical

Examiner

Funeral Director

permit. Pages 1 and 2 should be liled within 72 hours after deeth with the Maryland Department of Health and Mentel Hyglene. Important: If item 27 is marked other than "natural", or items 23a or 28a-4 show any injury or other traumatic event, the Medical Examinal Frust by notified at once.

Baltimore, Maryland 21215-0020

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

29b. Signeture end title of cartifier

29c. License number D28352

29d. Date signed (Month, Day, Year) June 11, 1997

30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

Krishan Mathur, M.D. - P. O. Box 2729, La Plata, MD 20646

State Registrar

31. Dete filed (Month, Dey, Year)



Amedaswash to A.B. June 5, 1997 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death Month **Physician** Gerald Conrad STALEY, Jr. 00:05 JUNB /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City. Town, or Location of Deeth **Examiner** 4c. County of Death 15 Emmert Road Hagerstown Washington If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) **Funeral** toom 2□ F Months Deys 48 Yrs. 218-50-3157 **Director** June 29, 1948 Pennsylvania Usual Residence of Decedent death with the Maryland 10a State 10b. County 10c. City, Town or Location show 10d. Inside City Limits r than "natural", or items 23a or 28a-f show Director 1 Yes 2 No Maryland Washington Hagerstown 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 15 Emmert Road Funeral 21740 IISA 11. Marital Status 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. filed within 72 hours after 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 Never Merried 2 Married 0 21215-0020 1 ☐ Yes 2 X No Specify: þ 3 Widowed 4 Divorced Specify: white Completed 15. Decedent's Education (Specify only highest grade completed) 18a. Decedent's Usual Occupation (Give kind of work done duning most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) inspector computer casing traumatic event, permit. Pages 1 and 2 should be file.
Department of Health and Mental Hy important: If flean Z7 is merked other any injury or other trauments. Saltimore. Maryland 17. Father's Neme (First, Middle, Last) Be 18. Mother's Name (First, Middle, Maiden Surname) Gerald C. Staley Jean Austin 19a. Informant's Name/Relationship (Type, Pnint) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mark Staley - son 8626 Mapleville Road, Boonsboro, Md. 21713 20a. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, State 1 ☐ Burial 2 XI Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Hagerstown Crematory Hagerstown, Maryland 21. Signature of Fugural Service Licensee 22. Name and Address of Facility MINNICH FUNERAL HOME 23a. Part 1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such es cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 415 E.Wilson Blvd., Hagerstown, Md. 21740 Approximate interval Between Onset and Deeth **Physician** · ARTERIO FARCULAR CORONARY ARTERY DISTAGE Immediate Ceuse (Finel disease or condition resulting In death) /Medical **Examiner** Examiner TBS MERLITUS The law requires that the death cartificate be axecuted burial-transi Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last and Due to (or as a consequence of) Box 68760, attending physician for use as the burie TOBALLO ABUSE Physician/Medical Due to (or es e consequence of) P.O. signed by the a Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown ALCOHEL CONSUMPTION Division of Vital Records, þ Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was en autopsy performed? POOR COMPLIANCE WITH MEDICAL CARE 1 Yes 2 HNo 1 ☐ Yes 2 ☐ No or Attanding Physician: 25. Wes cese referred to medical examiner? Be 26. Piece of Death (Check only one) examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Aftar this 27. Manner of Death 28a. Date of injury (Month, Dey Year) 28c. Injury at Work? Certification: 28d. Describe how Injury occurred 5 Pending Investigation death. 2 Accident 1 ☐ Yes 2 ☐ No the within 24 hours after deat To the Funeral Director: 6 Could not be determined 3 ☐ Sulcide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 6 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Hospitai edicai 29a. Certifier 1 Cartifying Phyaician: To the best of my knowledge, death occurred at the time, dale and place, and due to the cause(s) and manner as staled.

2 Adelical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. completaly (Check only one) the 29b. Signature and tipe of countries 29c. License number 29d. Date signed (Month, Dey, Year) -mp JUNE 5, 1997 040622 30. Neme and address of person who completed cause of death (Item 23e) (Type, Print) MD 19236 MERSON VIEW DR HABBESTOWN MD BRNE 31. Date filed (Month, Day, Year) 32. Registrar's Signature

Registrar

JUN 0 5 1997

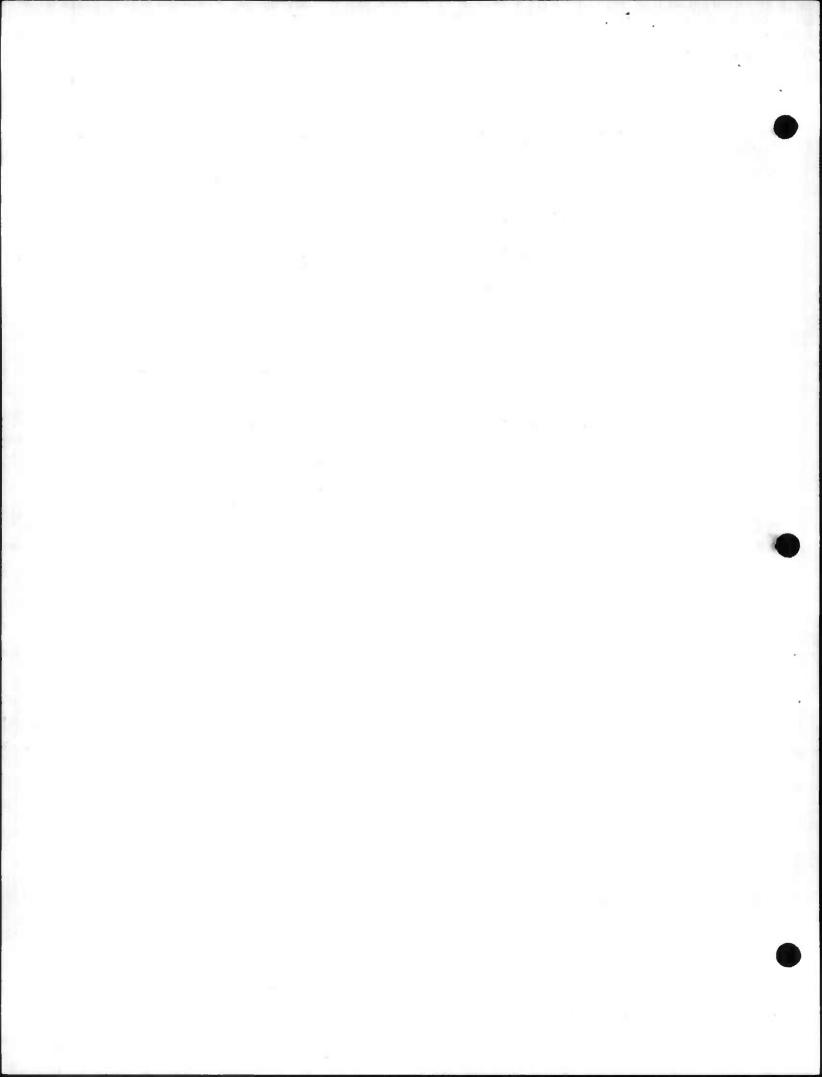
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Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

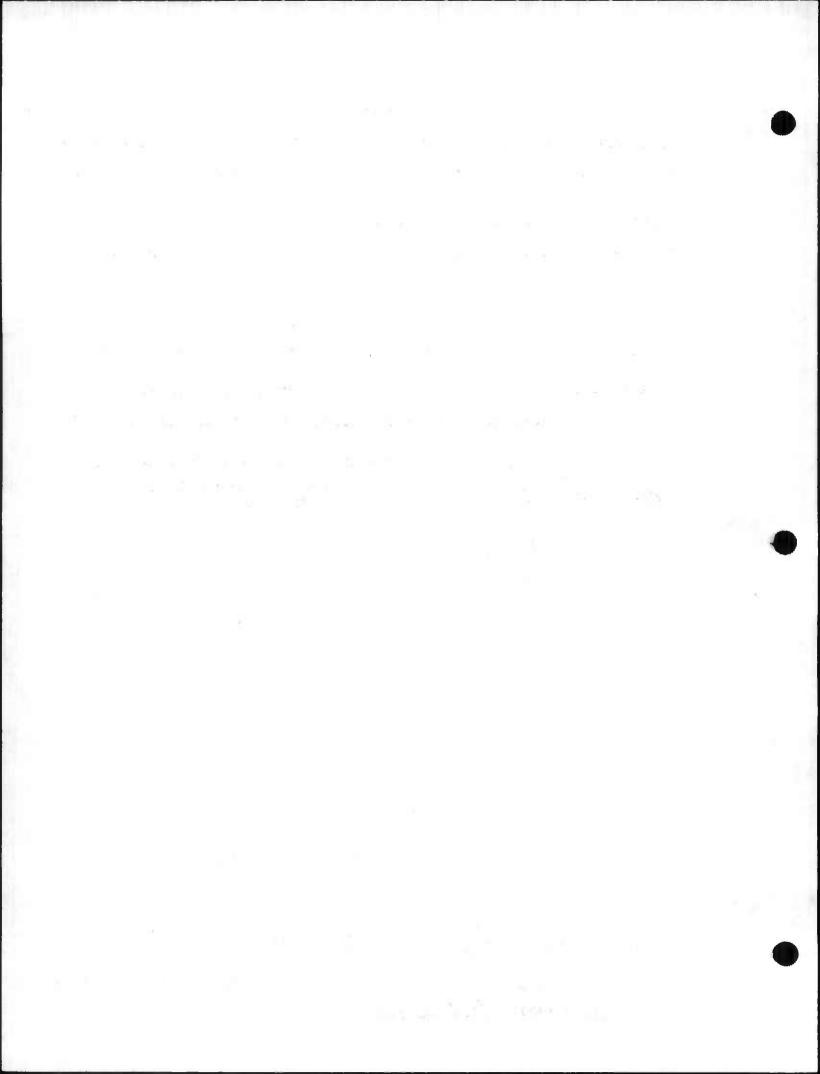
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	Items	:23	a part I,27 per MEO G-	749 7/23/97	dh	Certif	ficate of	Death		Reg	No.		
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	/Medi		Mark	Anthony	Savag	е				NE		997	1915 P
	Exami		4a. Fecility Neme (If not institution, give streat and number) DORCHESTER GENERAL HOSPITA					4b. City, Town, o	r Location		4c. County		
	Funeral Director		5. Sociel Security Number 6. S 1 4 3 - 7 2 - 3 5 5 5	Sax 7. Ag	e (In yrs. last bir 20		Undar 1 Yea onfhs Days		n. (Mo	a of Birth onth, Day, Y	ear) 197	9. Birthple Count 7 Was	aca (Stata or Foreign lry) D.C. Shington
P	>	1	Usual Rasidence of Decedant		40 00 0					,			
laryland 21215-0020 2 should be filed within 72 hours after death with the Maryland and Mental Hygiene. Is marked other than "natural", or items 23a or 28a-f show sumatic event, the Medical Examiner must be notified at	Director	MD Dorc	hester	10c. City, Tow	n or Locati		ambrid	ge		10d. Insida City Limits 1 ☑ Yes 2 ☐ No			
		10e. Streef end Number 741 Cornis	h Drive		10f. Zip Coda 2 1 6 1 3					10g. Citizan of What Country? United States			
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	12 P		19a. Informant's Name/Ralationship (Denie Taylor/M					h Dr.,(
	y or		20a. Method of Disposition 1 □X Burial 2 □ Cramation 3 □ 4 □ Donation 5 □ Other (Spacif.		20b. Piace of camatai	ry, crameto	on (Nama of bry or other pl meter		7 - 1 4		ambr	-	
Balti Permit.	Dealtill Poemit. Poemit. Poepartm Importar any Injure 2010.		21. Signeture of Funaral Sarvice Licer		DC OTTC	22. Na	ama end Addi	rass of Facility	1				
	_		23a. Part 1. Entar the disaasa, or com	distantians that assumed	the death De	PO	Box 4	3, Fede	erals	burg	, MD	2163	3 2 Approximete
//\	ysician Medical aminer	er	shock, or haart failure. List only Immediata Cause (Final disease or condition rasulting in deeth)	a. PULMON	NARY HYPER Due to (oras a	RTENSI	ON			Intarval Batween Onset and Death			
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death of	the ettending pl thed for use as t	Physician/M	Part II. Other significant conditions of	dontributing to death bu	ut not rasulting Ir	n tha undai	tying ceusa g	ivan in Part I.	23	b. Did tobe	cco uae co	ntribute to	the cause of death?
J 20	igned by the e	by Ph							-	1 🗆 Yes	2 No	3 Prob	ably 4⊠(Unknow
Records, P.O he law requires that the	s been s 2 should	Completed							24	a. Was en a performe	utopsy d?	ava	ra autopsy findings ilabla prior fo npletion ot ceusa leath?
= F		Co								1 X Yas	2□ No	1,00	Yes 2□ No
Vital	certificate rector, pe	Be	25. Was cesa rafarrad to medicel examinar?	Hospital:				26. Piaca of De	eath (Chec	k only one)			
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Toth	Toth	X	29b. Signature end titla of certifier	1	-		29c. Licer	se number		29d	Data signe	d (Month, E	lay, Year)
			Styph A	Vla	chy,	MD		C.M.E	-		JUNE	11,	1997
			30. Nama and eddress of person who strphen 5. Ra	dyntz.M.				et, Bal	timo	re,	Mary]	and	21201
	Sta Registr		31. Data filad (Month, Day, Year) JUN 2 0 1997	32 3000	Devitor	Mande	See.			-255A I	-		



State of Maryland / Department of Health and Mental Hygiene 97 19086

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Н				General			If Under 1 Yea		bridge			ester		
g.	Funeral Director	г	5. Social Security Number 245–12–7793	6. Sex 1□ M 2 ☐ F	7. Age (In yrs. 78	Yrs.	Months Dey		Min. 8. Dete of (Month, Sept.	Day Voort	9. Birth 918	plece (Stete or Foreign intry) N.C.		
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Maryland 21215-0020	I within 72 ho plene. r than "natur me Wed cal	Completed	15. Decedent's (Specify only highest	s Education grade completed)		16e. Deced	dant's Usuel Occ kind of work don DO NOT use rati	upetion ne during most of red)	of working	16b. Kind of	Businass/Ir	idustry		
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Ba	Departi Departi Importu any Inj		21. Signature of Funeral Service L	cansee		C	2. Name end Add	Bromwe	ll Fune	ral Ho	me, F	. A.		
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п			23 Party Enter the disease or o	complications that only one ceuse on e	caused the deal	th. Do not ant	er the mode of d	ying, such es ca	ardiac or respiretor	y errest,		Approximete Intervel Between		
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	/Medical Examiner		Immediete Ceuse (Finel diseese or condition	. 11	lulti	ple	Orga	n to	ablunc			2 weeks		
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o.	0 0 %	Physician	Pert II. Other significant condition	s contributing to d	eath but not res	ulting in the u	nderlying cause (givan In Pert I.	23b. E	eld tobacco use	contributa t	o the cause of death?		
P.O.	nat th								1	☐ Yes 2/X No	3 □ Pro	bably 4 Unknow		
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Sec	hes by	npl										deeth?		
=	The ate pag	Co							1	☐ Yes 2 No	1	☐Yes 2No		
/ita	Attending Physician: The or death. ector: After this certificate by the funeral director, pag	Be	25. Wes case referred to medical exeminer?					26. Piece o	f Deeth (Check on	ly one)				
Division of Vital Records,	nyslo lis ce l dire	²	1 ☐ Yes 2 No	Hospital:	Inpatient 2	ER/Outpetien	t 3□ DOA	Other: 4 - Nurs	ing Home 5□R	esidenca 6 🗆 C	ther (Speci	fy)		
ם	ng Ph ter th meral	:i	27. Menner of Deeth 1 ☑Neturel 5 ☐ Pending	28a. Dete (Mon	of Injury th, Day Yeer)	28b. Time of Injury	28c. Inj	ury et ork?	28d. Descri	be how Injury occ	urred			
0	or Attending P ster death. I Director: After the in by the funerations.	Certification:	2 ☐ Accident investiga	ition				☐ Yes 2☐ No						
ž	r Att	Ę	3 Suicide 6 Could no 4 Homicida datermin	ed 288. Place	of Injury - At h	oma, farm, str	eet, fectory, office	0		n (Street and Nur Town, Stete)	mber or Run	al Route Number,		
۵	tal or rs efte al Dir	Cer												
	To the Hospital or Attending Physician: The I within 24 hours effect death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	edical	29a. Certifier 1 Certifying (Check only 2 Medical Ex	Phyelcian: To the caminer: On the be end man	best of my kno esis of examina ner steted.	wiedga, daath ition and/or inv	occurrad et tha restigetion, in my	tima, date and j opinion, deeth	olece, end dua to to occurred et the tin	ha causa(s) and na, date end place	mannar as s e, end due t	itated. o the causa(s)		
	within 2 To the comple	≥ 29b. Signetyre end title of certifier - 29d. Date sign							ned (Month,	Day, Year)				
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			30. Neme end eddress of person w	ho completed caus	and door the	n 23e\ (T	10	7 1			1 4	1		
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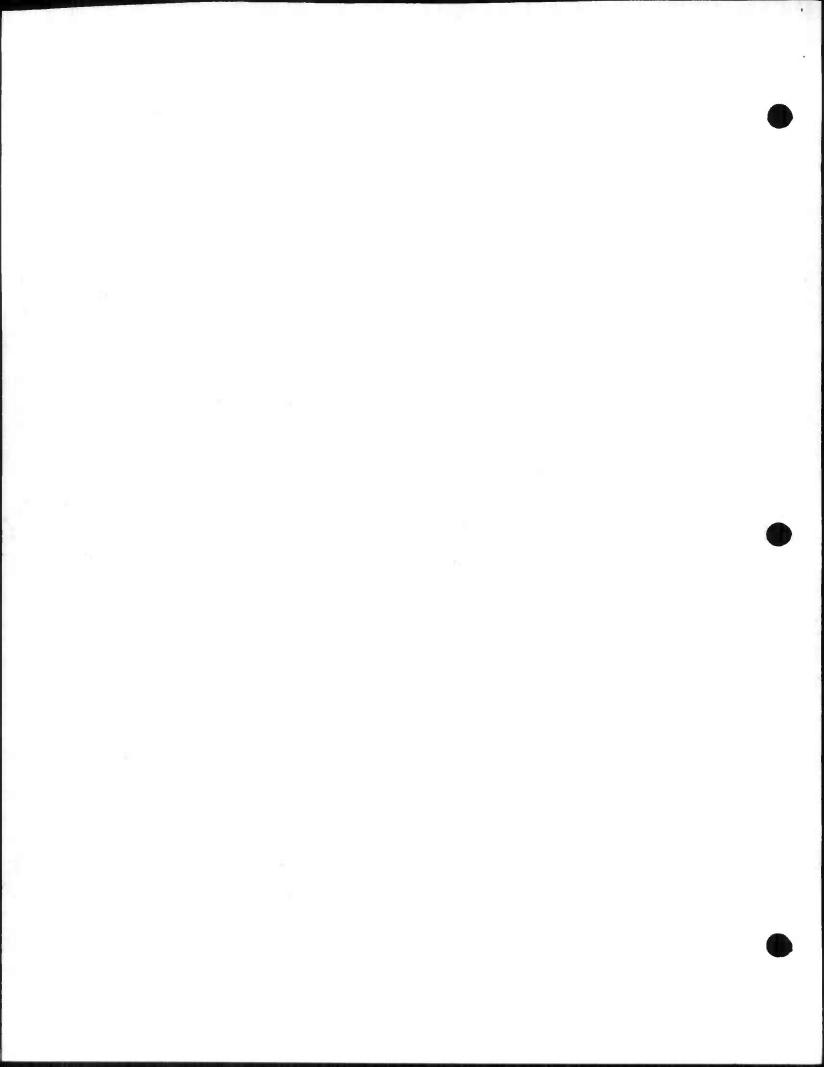


IOSPIAL OH ALIEMDING PHYSICIAN: THE IAM FEQUIPES THAT THE DEBUT CETTINGATE DE EXECUTED WITHIN 24 HOUTS ATTER DEBUT.) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
土土	THE FUNER	filed within	TPORTANT:
2	2	å	-

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 - STATE REGISTRAR		TARYLAND /		MENT OF			TAL HYGIEN REG. NO	E	21	19007	
1. DECEDENT'S NAME (First, Middle, Last)	EDWARD	MICHAI	EL SI	rumpfe	L	MC	TE OF DEATH DATE OF DEATH		YEAR	3. TIME OF DEATH 07 52 M	
4. SOCIAL SECURITY NUMBER 219-03-2084	5. SEX 1 XM 2 F	6. AGE (In yrs. les	" -	IF UNDER 1 YEAR	IF UNDER 24 HOURS I	HRS. 7. DA	TE OF BIRTH	20	8. BIRTH	BIRTHPLACE (State or Foreign Country) MARYLAND	
sa. FACILITY NAME (If not institution, give a WESTMINSTER NU		OME		96. CITY, TOWN	OR LOCATION MINST	OF DEATH		9c. COUN		EATH	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	ATION					10d. INSIDE CITY LIMITS?					
10e. STREET AND NUMBER	ARROLL		F	INKSBU	01. ZIP CODE			1 TYES 2 NO			
2174 GREEN MILL RD. 11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specifing Specific Cuben), Marriad FORCES? 14. YES 2 NO Hyes, specify Cuben, Marriad FORCES?									14. RACE Black	- American Indian,	
1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	W II	1 🗆 YE	8 2X NO	Specify:			Specif	WHITE	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) SUPERVISOR UTILITY CO.											
17. FATHER'S NAME (First, Middle, Last)	IGNATZ	STUMI			16. MOTHER	R'S NAME (FI	st, Middle, Maiden			ESECKE	
196. INFORMANT'S NAME (Type/Print) ANNA M. STUMPF	EL - WI						lumber, City or Tow			21048	
ANNA M. STUMPFEL - WIFE 2174 GREEN MILL RD., FINKSBURG, MD. 21048 204 METHOD OF DISPOSITION XXBurisi 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) 205 PLACE AND DATE OF DISPOSITION (Name of Carpolity of Disposition) (Name of Carpolity Country of Date (Specify)) 206 PLACE AND DATE OF TOWN, State CARDEN OF FAITH 6/10/97 BALTIMORE, MD.										wn, State	
21. SIGNATURING FUNERAL SERVICE LI	angles of	-		22. NAME	AND ADDRESS	OF FACILITY	FLETCH	HER E	UNE	RAL HOME ,MD.21157	
23. PART I. Enter the disease or ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. DUE, TO	white	outh. Do no	nces	node of dying	, such aa d	erdisc or resp	fratory arre	eat,	Approximate Interval Between Onset and Death	
Sequentielly liet conditions, if any, isoding to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury that initiated events resulting in death) LAST	C	(OR AS A CONSE								9%	
PART II. Other significent condition	s contributing to	death but not i	resulting in	the underly	ng cauae giv	en in Pert i	. 24a. WAS AN PERFOI 1 YES 2	RMED?	246.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2MO	
DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	RIBUTE TO CA			NO NO		RTAIN [
1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	HOSPITAL: 1 Inpatient 2 I 28e. DATE OF (Month, D	INJURY		OF 28c. II	NJURY AT WORK? YES 2 1	28d.	Other (Specify) DESCRIBE HOW	NJURY OCC	URED		
2 Accident investigation 3 Suicide 8 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								loute Number,			
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINI	ICIAN: To the best of) end menner es stated.	
29b. SIGNATURE AND TITLE OF CERTIFIE	dutin				29c. UCENS	ZZY	43	29d. DATE	SIGNED	(Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WE ARE PAUL 31. DATE FILED (Month, Day, Year)	Road	SE OF DEATH (ITE	M 27) (Type,	print)	mil		2115	7-101	hn W	. Middleton	
JUN 0 9 199	7 Julia d	ingles le	dall								



TO BE COMPLETED BY FUNERAL DIRECTOR

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1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	RTMENT OF ICATE OF	HEALTH AND DEATH	MENTAL HYGIEN				
1. DECEDENT'S NAME (First, Middle, Lest) HERMAN SI	DNEY SMI	ТН					YEAR 3. TIME OF DEATH		
		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6	8. BIRTNPLACE (State or Foreign		
218-05-6249 9a. FACILITY NAME (If not institution, give stre-	1 M 2 F	95 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	(Month, Day, Year) / 1902 MARYL			
MANOKIN MANOR NURS	SING HOME			SS ANNE			RSET		
MARYLAND SOMERSET PRINCESS ANNE									
10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY									
11974 EDGEHILL TER				21853			U.S.		
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — A Black, While Specify Cuban, Maxican, Puerto Rican, etc.) 15. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.) 16. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)									
15. DECEDENT'S EDUCATION (Specify only highest grade co	TION Impleted)	16a. DECEDENT'S (Give kind of v	vork done durina m	ION ost of working	16b. KIND OF BU	SINESS/INDU	STRY		
3	College (1-4 or 5+)	Iffe. Do NOT us	ALER/SA		AUTOM	OBILE	SALES		
17. FATHER'S NAME (First, Middle, Last) EDWARD "NED" SMITH				a file and the	AME (First, Middle, Meiden ETH WINDSOI				
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		code)		
DIANE MILLIGAN/DAU 20a. METHOD OF DISPOSITION		10850			OAD, PRINC				
1 Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	of from State Ceme	STER FAMIL					ty or Town, State		
21. SIGNATURE OF PUNERAL SERVICE LICEN	ISEE /	1	22. NAME A	ND ADDRESS OF FA	CILITY				
Janes O. A		10295	11673	SOMERSE	T AVE. PR	INCESS	21853 ANNE. MD.		
22 Part I. Enter the diseasea, or con ahock, or heert failure. Lie	mplications that caused at only one cause on each	the deeth. Do n	ot enter the mo	ode of dying, aud	th as cerdiec or reep	iratory arrea	Approximate		
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	arleiros Genera	clero	lie Z	leart !	Diseas	P.	Onset and Death		
	QUE TO (OR AS A C	CONSEQUENCE OF	of the	0	0		54		
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	CONSEQUENCE OF):	erosc	terbes.	2	1 4/25.		
CAUSE, Enter UNDERLYING CAUSE (Disease or Injury that initiated evente	DUE TO (OR AS A C	ONSEQUENCE OF	٦٠						
resulting in death) LAST			<i>y</i> .						
PART II. Other aignificant conditions of	contributing to deeth but	not reaulting in	n the underlyin	g cause given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
Diabetes M	relleters;	Sen	ile I	Dement	PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Peripheral	Vascul	as I	Pises	u			1 TES 2 NO		
25. WAS CASE REFERRED TO MEDICAL			20 Pi	LACE OF DEATN (Ch	and and an all				
	OSPITAL:	lent 3 DOA	OTHER:		8 Other (Specify)				
27. MANNER OF DEATH 1 Natural 5 □ Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ		28d. DESCRIBE HOW II	NJURY OCCUP	RED		
2 Accident Investigation	28s. PLACE OF INJURY —	- At home, farm, at		YES 2 NO	201 LOCATION (Course				
4 Nomicide Atarmined	butiding, etc. (Specify)	owat, tuctory, offic		28f. LOCATION (Street a City or Town, State)	ind Number or	Rural Route Number,		
29a. CERTIFIER (Check only one)	N: To the best of my knowled	ige, death occurre	d at the time, data	and place, and due	to the cause(a) and men	ner as stated.			
	On the beals of exemination a	ind/or investigation	n, in my opinion, d	eath occured at the	time, data and placa, an	d dun to the c	eause(s) and menner as stated.		
296. SIGNATURE AND TITLE OF CERTIFIER	(R.00)	2	7 D	D 29 S	ABER	29d, DATE S	IGNED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEAT	H (ITEM 27) (Type,	Print)	-17		6	-/-//		
GREGORIO M. BEL	LOSO, H.D.	53020	HINABE	RRY DR.	SALISBUR	Y, MD	21801		
JUN1 2 1997	32. REGISTRAR'S SIGNAT	on-Raydall							
JUNI & 1997	James where	- od Adrid							

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760, Hermans. Smith

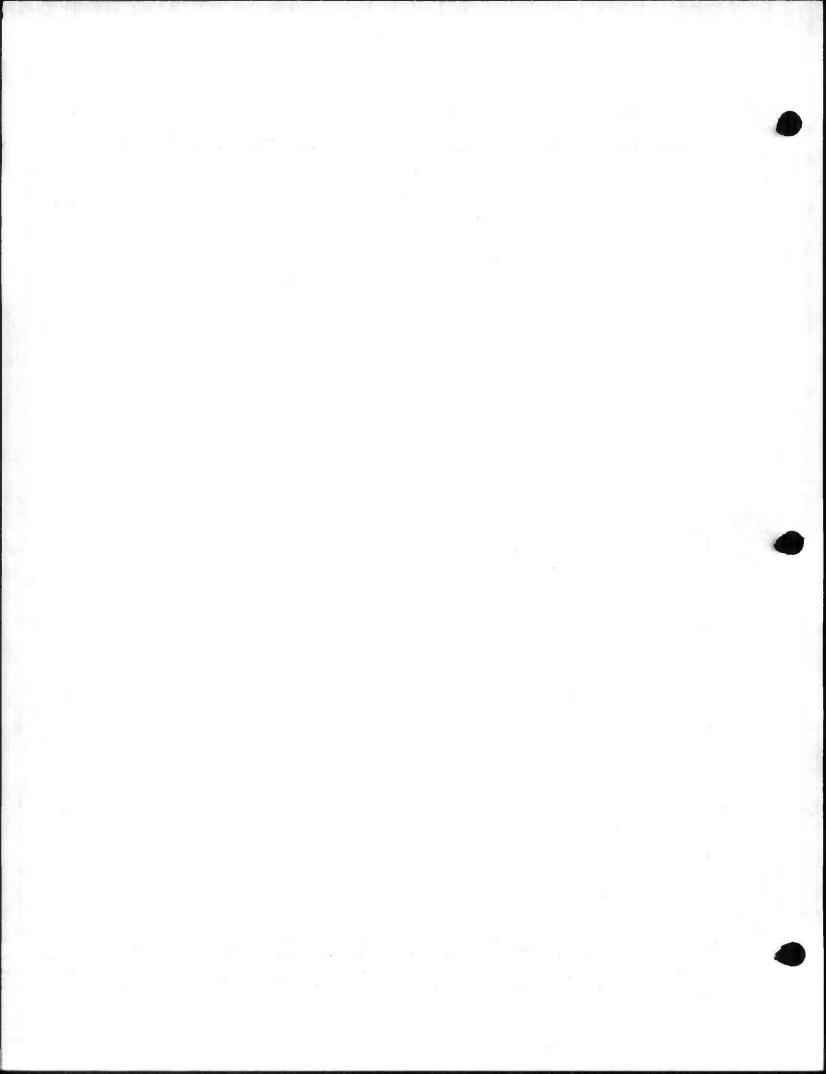
BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

that makes the same

State of Maryland / Department of Health and Mental Hygiene 0.7 1.000

		Certificate of Death	Reg.	21	19009			
Physic /Med Exami	ical	1. Decedent's Name (First, Middle, Last) Frances N. Thombson 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or L	2. Dete of Deeth Month Une Location of Death	Dey Year	3. Time of Death			
Funeral Director		Genesis Elder Care 5. Social Security Number 1 M 2 F 62 Yrs. La Pl 1 Under 1 Year If Under 24 Hrs. Months Days Hours Min. 1 Usuel Residence of Decedent	8. Date of Birth (Month, Dey, You July 23,		s place (State or Foreign cryland			
Marylend at ahow	tor	10a. Stete 10b. County 10c. City, Town or Location Maryland Charles Bryantown			10d. Inside City Limits 1 X Yes 2 □ No			
uth with the 23a or 28 unt be not	Funeral Director	10e. Street end Number 10f. Zip Code P.O. Box 714 20617		Citizen of Whet Cou USA	intry?			
hin 72 hours effer death with the Marylend hin 72 hours effer death with the Marylend 9. In "netural", or items 23a or 28a-f show Medical Examiner insust be notified as	by	11. Marital Status 12. Wes Decedent Ever in U,S. Armed Forces? 1 ▼Never Merried 2 Married 3 □ Widowed 4 □ Divorced 12. Wes Decedent Ever in U,S. Armed Forces? 1 □ Yes 2 ▼No If Yes, Give Yeer or Detes: 13. Was Decedent of Hispenic Origin? (Si If Yes, specify Cuban, Mexican, Puerto I □ Yes 2 ▼No I □ Yes 2 ▼No Specify:	pecify Yes or No- o Rican, etc.)	14. Race - Ameri Bleck, White Specify: B1a	, etc.			
within the the the the the the the the the the	Completed	Elementery/Secondery (0-12) College (1-4or 5+)	Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) Homemaker Domesti					
be file d othe	Be	17. Fether's Neme (First, Middle, Last) 18. Mother's Nam	me (First, Middle, Mai	e (First, Middle, Maiden Sumeme)				
2 should end Mer a marks	To	19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Ru			p Code)			
E 4 0 F		Mary G. Ford Sister P.O. Box 714 Bryant						
emit. Pages 1 an appartment of Heal moortant: If fem 2 ny injury or other finds.		20e. Method of Disposition 20b. Plece of Disposition (Neme of	fune 10,	antown, Man	own, State			
permit. Departments any inju		21. Signature of Funerel Service Licensee 22. Name end Address of Fecility Adams Funeral Home 2060			20608			
eth certificate be executed stending physician end for use as the bunal-trensit	Physician/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of):	l Vas	Culus	District District			
the de	hysician	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	23b. Did tobacco use contribute to the causa of death?					
requires been sign should be	Completed by F		24e. Wes en e performed	utopsy 24b. W	Vere eutopsy findings reliable prior to ompletion of cause death?			
The law rate has page 2	Com		1□ Yes	1	□Yes 2□No			
ysician: The	Be	axaminer/	oth (Check only one)					
Afte fune	ıtlon: To	1 Yes 2 No Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Holder 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28b. Time of Injury at Work? 28c. Injury at Work? 1 Yes 2 No 28c. Injury at Work? 1 Yes 2 Yes 28c. Injury at Work? 1 Yes 2 Yes 28c. Injury at Work? 1 Yes 2 Yes 28c. Injury at Work? 1 Yes 2 Yes 28c. Injury at Work? 1 Yes 28c. Injury at Work? 1 Yes 28c. Injury at Work? 1 Yes 28c. Injury at Work? 1 Yes	ome 5 Residence 28d. Describe how i		fy)			
tal or Attending s after death. I Director: After ed in by the fune	Certification:	3 Suicide 4 Homicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify)	28f. Location (Stree City or Town, S	t end Number or Run tete)	al Route Number,			
To the Hospital or Attending I within 24 hours after death within 24 hours after death or to the Funeral Director: After completely filled in by the funeral process.	Medical	29e. Certifier (Check only one) Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, deeth occurred et the time, dete end place, one) Medical Examiner: On the best of exeminetion end/or investigation, in my opinion, deeth occurrence of manner steps.	rred at the time, dete	and place, and due t	o the cause(s)			
V With		29b. Signature and title of certifier	29d.	Dete signed (Month,	Dey, Year)			
		30 Mana and Jackerss of prescri who completed cause of death (Item 23e) (Type, Print)	on Fan	10/2/	0603			
Sta Regista	ite ar	31. Dete filed (Month, Dev. Year) JUN 1 3 1997 32. Registrer's Signature Jun 1 3 1997						



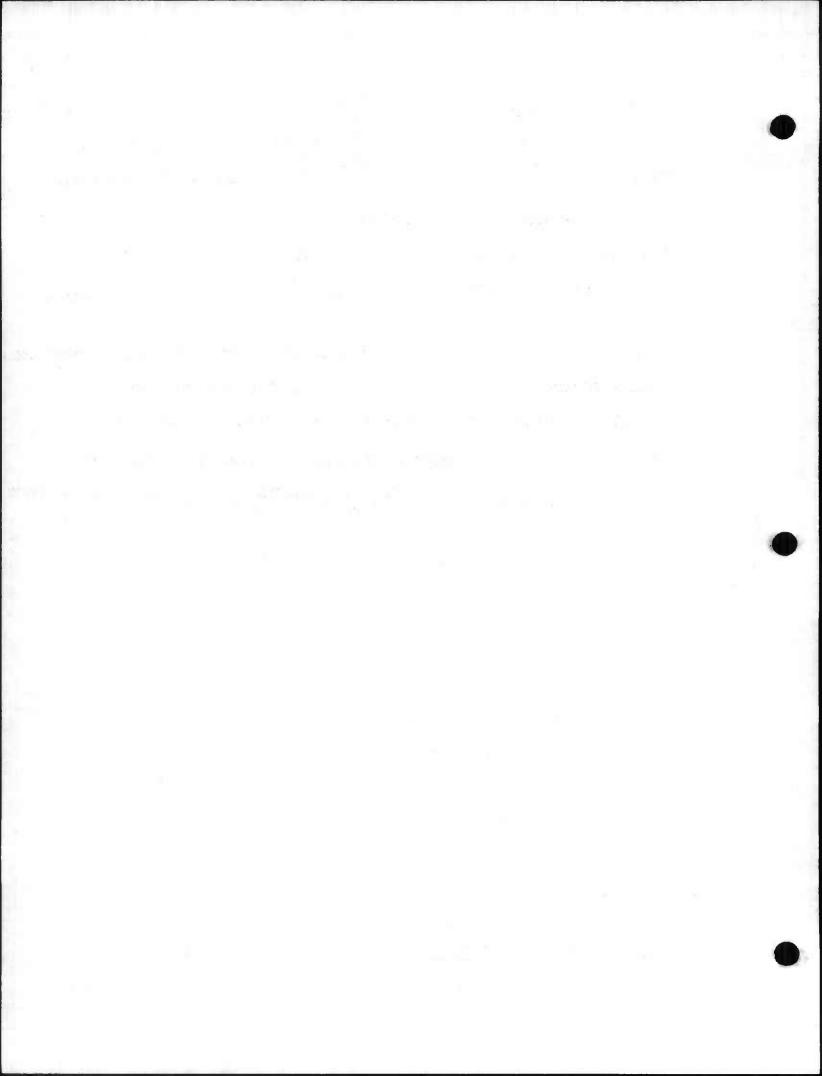
State of Maryland / Department of Health and Mental Hygiene 97

19191

	1					Ce	ertificate o	f Death			Reg. No.	1	10000	
	Dhusi		1. Decedent's Neme (First, Middle, Last)								oth Dey	Voca	3. Time of Death	
	Physic /Medi		HIDWARD TIDATE									Yeer 97	5:25 a	
	Exami		As Facility Name (March traffic Name of the Association of the Associa											
	Funeral Director		5. Social Security Number 212-40-8574 Usuel Residence of Decedent	6. Sex 1 M 2 □ F	7. Age (In) 81	yrs. last birthday Yrs.	Months Dey		24 Hrs. Min.	8. Dete of Birt (Month, De) AUG.	15,191	Coun	plece (State or Foreign ntry) ARYLAND	
	Meryland a-f show	ctor	10a. Stete 10b. County	EN ANNE		. City, Town or I					10d. inside City Limits YWes 2 □ No			
	or 28	Director	10e. Street end Number				10f. Zip Code)			10g. Citizen of	Whet Cou	ntry?	
	eth w		307 S. LIBER				216				USA			
21215-0020	72 hours efter deeth with the Meryland netural, or items 23s or 28s-f show sides Examiner must be notified at	by Funeral	11. Meritei Stetus 1 □ Never Merried 2 □ Mer 3 ☑ Widowed 4 □ Divorced	Armed F	. Wes Decedent Ever in U, Armed Forces? 1 ▼Yes 2 □ No If Yes, Give Yeer or Detes:		. Wes Decedent of if Yes, specify Co	uben, Mexicar	n, Puerto i	cify Yes or No- Rican, etc.)	14. Rece - American Indien, Bleck, White, etc. Specify: WHITE		etc.	
5-0	n 72 hours "natural".	Completed	15. Deceder (Specify only highe	nt's Education)	(Giv	edent's Usuel Occ	e during mos	at of workli	na	16b. Kind of B	lusiness/In	dustry	
121		idu	Elementery/Secondery (0-12)	Coilege ((1-4or 5+)	life.	DO NOT use reti	ired)						
	be filed withintal Hygiene. Ind other then		12 17. Father's Neme (First, Middle,		5±	LAW	YER	18. Mothe	er's Neme	(First, Middle,	LAW Meiden Sumen	ne)		
Maryland	should be nd Mental marked o	To Be	BEFORD HACK	ETT TURN	NER			ALI	CE I	BERTHA	WHITE	ELY		
lary	end em		19e. tnforment's Neme/Reletions	ship (Type, Print)		19b. Mai	ling Address (Stre				Code)			
	1 and 2 Heelth em 27 i			RNER				32, CE	ENTRI	EVILE, MD 21617				
Baltimore,	00- 2		20e. Method of Disposition 1 😾 Burial 2 ☐ Cremetion	3 ☐Removei from			oosition (Neme of emetory or other p	riece)	i	Dete	20c. Location	- City or To	own, Stete	
E	permit. Peg Depertment Important: I any Injury o		4 Donetion 5 □Other (5	Specify)	C					6-11-9	7 CENI	REV	ILLE, MD	
Bal	permit. Depertrimports any injury once.		21. Signeture of Funerei Service				ET.T.OWS		,	S MTS	NEWNAN	d Elli	NERAL HOM	
				. Ostro		2	00 S. H	IARRIS	ON S	ST. E	ASTON.	MD	21601	
	Ohusisian	- 11	23e. Pert1. Enter the diseese, or shock, or heart failure. List	only one ceuse on	eech line.	eath. Do not e	nter the mode of d	lying, such es	cardiec o	r respiretory er	rest,		Approximete interval Between Onset end Deeth	
	Physician / /Medical		Immediate Cause (Final	1.0	2.00	untet	I net	etatic	C c=	(6)			(bl -	
	Examiner		disease or condition resulting in deeth)	e. Ur		o (or es e cons		31-11	Ų.	CINON	~	- 1	omiths	
_	₽ #	Iner				0 (0) 00 0 00 100	oquoniou ory.							
ó,	tificete be executed g physician and es the buriel-trensit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	Б.	Due t	o (or es e conse	equence of):						1 1	
x 68760,	6 5 0	Medical	thet initieted events resulting in deeth) Last Due to (or es e consequence of):											
Bo	eath ce	Physician/												
P.0.	that the death ed by the etter detached for a	lysi	Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i.								3b. Did tobacco use contribute to the cause of death?			
	es that igned b be deta	by Pł								101	fes 2□ No	3 Pro	bably #Brunknown	
Records,	S S	Completed b				_			_		en eutopsy med?	ev	ere eutopsy findings relieble prior to empletion of cause death?	
	0 - 0	mo/								1 🗆 Y	es 20 No	10	☐ Yes 2☐ No	
/ita	ysician: The is certificate director, pag	Be (25. Wes case referred to medice exeminer?	l .				26. Place	of Deeth	(Check only o	ne)			
5	0 0	ဥ	1 ☐ Yes 2 ☐ No			2 ER/Outpetie	SIL SU DON				ence 6 Oth		'y)	
Division of Vital	To the Respital or Attending Ph within 24 hours efter death. To the Funeral Director: After th completely filled in by the funeral	Certification:	27. Menner of Deeth 1-Natural 5 Pendir 2 Accident investi	gation		M 1	☐ Yes 2☐		28d. Describe how injury occurred					
N	rs efter of al Direct led in by	Certifi	3 Suicide 6 Could not be determined 28e. Plece of injury - At home, farm, street, fectory, office building, efc. (Specify)							28f. Location (S City or Tow		ber or Rure	al Route Number,	
	To the Hospital or A within 24 hours efter To the Funeral Dire completely filled in b	edical	29e. Certifier (Check only one) 1 Certifyir 2 Medical	ng Physician: To the Examiner: On the b end man	e best of my pasis of exam ner steted.	knowiedge, dee Inetion end/or i	th occurred et the nvestigetion, in m	time, dete en y opinion, dee	d plece, e	end due to the o	ause(s) end mo date end place,	enner es s end due te	tated. o the cause(s)	
	To t To t	×								Month,	Dey, Year)			
			30. Name and address of person DAVID G. OL	TITTO M	D	E 0 2 DTT	marrage I	S LAN	E. F	EASTON	, MD 2	1601		
	Sta		31. Dete filed (Month, Day, Year)	32. F	Registrar's Si	gnature	5.4.00		-, 1		, , , , , ,	. 1 0 0 1		
	Registr	aı	2014]	1221	11	to respect to the time of the same	المرابع المرابع							

State of Maryland / Department of Health and Mental Hygiene

						Ce	rtificate	e of	Death			Reg. No.	1	19091
	Obveria		1. Decedant's Name (First, Middla, L	ast)							2. Data of De	eath Day	Vior	3. Time of the
	Physic /Medi		Gilson	GWYN \	ucker	~					June	7 1	997	08:29
	Exami		4a. Facility Nama (If not institution, g								ocation of Deat	th 4c. County	of Death	
L			THE JOHNS HOP						_		RE CITY		TIMO	RE
	Funeral Director		5. Social Security Number 6. 717-07-6472 Usual Rasidanca of Decedant	Sax 1⊠M 2□F	(In yrs. last b	Yrs.	If Under Months	1 Yaar Days	If Undar Hours	24 Hrs. Min.	8. Data of Bi (Month, Da AUG . 2	rth a <i>y, Year)</i> 7,1916	Coun	
	land		10a. Stata 10b. County		10c. City, To	wn or Lo	ocation						1	0d. Inside City Limits
	Man	ţō	MD TAL	вот		EA	STON							1 ☐ Yas 2 No
	or 284	Funeral Director	10a. Street and Number				10f. Zip	Coda				10g. Citizan of	What Coun	itry?
	th will	<u>a</u>	7839 WOODLANI	CIRCLE				21	601			U	SA	
	dea F	ne	11. Marital Status	12. Was Decedant E Armed Forces?	var in U,S.	13.	Was Daced	ant of h	lispanic Or	igin? (Sp	pecify Yes or No Rican, atc.)		ce - Amaric	
21215-0020	72 hours efter death with the Maryland naturel; or items 23a or 28a-f show oreal Examiner must be notified at	by	1 Naver Married 2 Narried 3 Widowed 4 Divorced	1 □ Yes ★★★ If Yas, Giva Yaar or Datas:	lo		1□Yas 2				•	Specif		WHITE
5-(in 72 hours i "naturel", legical Exe	etec	15. Dacadant's E (Specify only highast g	Education rada com <i>pleted)</i>	16	(Giva	dant's Usua kind of wor	k dona	during mos	st of work	king	16b. Kind of B	usinass/inc	dustry
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an	o d is b	o Be	FRANCIS TUCKE	•								ETH THO		
Maryland	2 should and Man is marke	To	19a. Informant's Name/Ralationship		19	b. Maili	no Addrass	(Streat				per, City or Town		Coda)
	nd 2		JACQUELINE TUC				_					ASTON,		,
Baltimore,	ies 1 end 2 of Health a f Item 27 is rr other tra		20a. Mathod of Disposition		20b. Place		osition (Nam		ce)	T	Data	20c. Location	- City or To	wn, Stata
E	Pages nent of I nt: If ite iry or o		1 XBurial 2 ☐ Cramation 3 4 ☐ Donation 5 ☐ Othar (Spec		OXFO					16	5-10-9	7 OXFO	RD. N	MD
alti	permit. Page Department in Important: If any injury or any injury or once.		21. Signatura of Funaral Sarvica Lice	ensee			2. Nama and							
m	88 E 8 8	11	Joseph M	Ostonas	4.	F	ELLOV	VS,	HELI	FENE	BEIN &	NEWNAM	M FUN	VERAL HON
			23a. Part1. Entar tha disaasa, or cor shock, or heart failura. List only	inplications that caused	tha daath. Do	not an	ar tha mode	a of dyi	ARRIS	cerdiac	or raspiratory a	EASTON	, MD	21601 Approximata Interval Batween
	Physician	Н	orion, or man railora. Elot ori	y ona causa on aaon mi	α.									Onsat and Death
	/Medical Examiner		Immediata Causa (Final diseasa or condition	Large	lect	ha	177	020	5:100	100	mourha	00		18 hours
	Examiner		rasulting in death)	. Large	Dua to (or as a	consa	quanca of):	Jan	Just	11/2	TOTTO	y		
	pa is	Examiner		b										
ı,	certificeta be axecuted iding physician and Ise as the burial-transit	хап	Sequantially list conditions, if any, leading to immediate	ľ	Dua to (or as a	conse	quance of):							V 14 161
,09	be a ician buria		if any, laading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events	c									1	
68760,	phys s tha	edical	rasulting in daath) Last		Dua to (or as a	consec	uanca of):						1	
×	laath certific ettanding pl d for use as t	<u>2</u>		d		_								
Bo.	death e ettar ed for u	Physician/	Part II. Other significant conditions	contributing to death bu	t not reculting	in the u	ndarhvina ce	uce ob	uen in Part i		23h Did	tobacco usa co	ntribute to	the cause of death?
0	the the	hys						ausa gii	Vali Will Gill	,		Yes 2 No	3 □ Prot	
S, D		by F	Chronic a	trial fil	orilla	tion	^							
Records,	v requires been sign should be		Circuit	1.							24a. Was	an autopsy ormad?	ava	ere autopsy findings allable prior to
ecc	2 S S	pie	SICK Sinv	s syndr	rome								of o	mplation of cause daath?
<u> </u>	0 - 0	Completed									10	Yes 2 No	10]Yas 2□ No
Vital	ysician: The s certificate director, pag	Be	25. Was casa referred to medical axaminar?						26. Place	a of Daa	th (Check only	ona)		
- to	hys li di	၉	1 ☐ Yas 2 No	Hospital: 1 Inpatiar		Outpatier	1		4 🗆 N	ursing Ho	oma 5□Ras	idanca 6 □Oth	ner (Specif)	v)
	To the Mospital or Attending P within 24 hours after death. To the Funerel Director: After t completely filled in by the funera	Certification:	27. Mannar of Daath 1 Natural 5 Panding 2 Accident Invastigation	28a. Data of Injun (Month, Day	Year) 28b.	Tima o Injury	f 21	Bc. Injut Wot 1 □	ryat rk? ∣Yas 2 🗆	No	28d. Dascriba	how Injury occur	rad	
Division	or Atterdated Director	rtific	3 ☐ Suicide 6 ☐ Could not l 4 ☐ Homicida datarmined		ry - At homa, ((Specify)	arm, sti	aat, factory	, office	1			(Streat and Numi wn, Stata)	ber or Rura	l Routa Number,
	urs al									}				
	To the Hospital within 24 hours a To the Funerel Completely filled	edical	29a. Cartifiar (Check only one) 1 Certifying P 2 Madical Exa	hysician: To the best of miner: On the basis of and manner stat	axamination a	a, daati nd/or in	occurred a vastigation,	it tha tir In my o	ma, data an opinion, daa	nd placa, ath occur	and dua to tha red at tha tima,	causa(s) and m data and placa,	annar as st and dua to	ated. tha causa(s)
	Nithin Fo the compl	Me	29b. Signatura and titla of cartifiar	-7	rhology		29c.	Licans	a number			29d. Data signe	d (Month, i	Day, Year)
			Jan 1-	51 Post	-doctor	las	D	00	517	95		June 7	190	77
			30. Nama and addrass of parson who	complated causa of da	ath (Itam 23a)	(Type,								
			Jose Suarez.	600 Nor	the a	1016	of 2 5	eet	. Ral	time	ore Man	ryland	212	287
	Sta		31. Data filed (Month, Day, Year)	32. Ragistra	r's Signatura		٠. د					- I make		
	Registr	ar	JUN 1	0 1997 🕨 🔏	The Cour	- Arriv	Hondall	6						



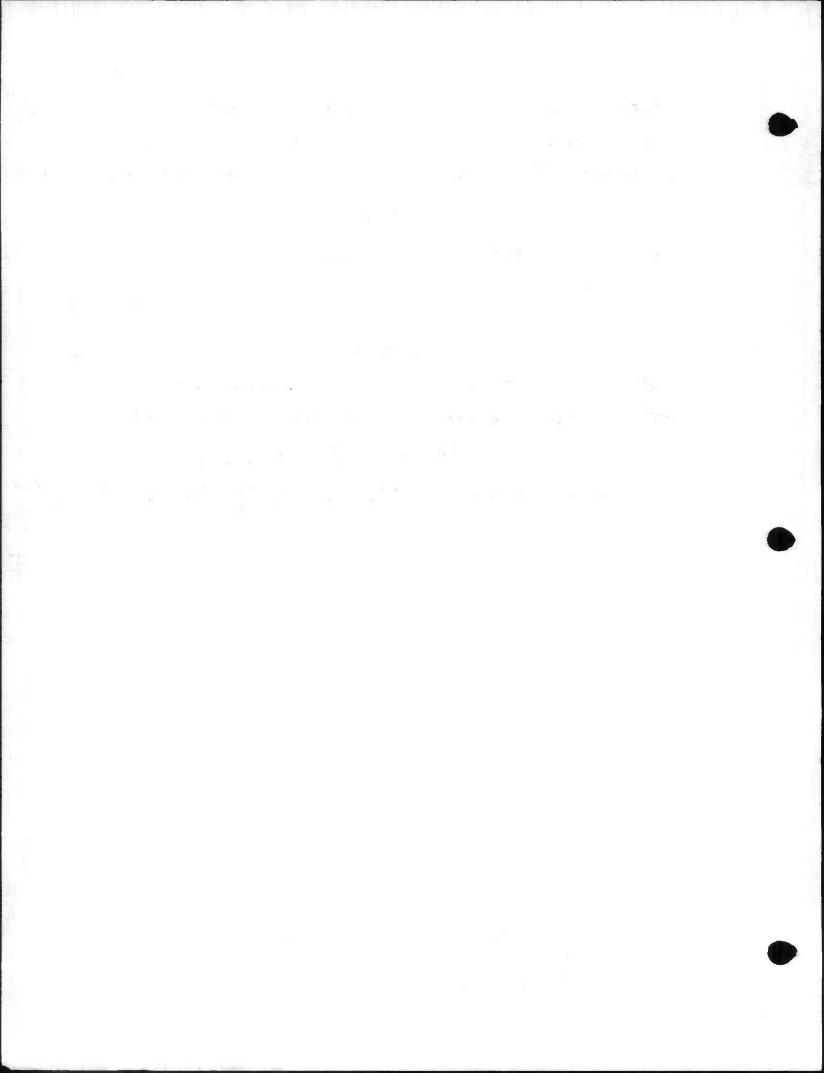
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

97 1

19092

						Cert	ilicate of	Death		Reg. No.		
	Physic /Medi			ANT			TRISTR		2. Dete of De Month JUNE	8 199		3. Time of Death 5:00 AM
	Exami	ner	4a. Facility Neme (If not institution, give 902 S. MORRIS	The second secon				4b. City, Town, o			of Death	
	Funeral Director		14/-14-6690	NT 14 OF F	ge (In yrs. last b 7 1	oirthdey) Yrs.	If Undar 1 Yaar Months Days		s. 8. Dete of Bi (Month, De MAY 2	orth 9, 1926	9. Birthpi Coun NEW	ace (State or Foreig try) JERSEY
	ath with the Maryland 23s or 28s-f show	tor	Usuel Residence of Decedent 10e. State 10b. County MD TALBO	T	10c. City, To	wn or Loca					11	0d. Inside City Limits
	the 28s	9	10e. Street end Number				10f. Zip Code			10g. Citizen of	What Coun	try?
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)	Physician /Medical Examiner		23e. Pert1. Enter the diseese, or compshock, or heert feliure. List only of immediate Ceuse (Finel disease or condition resulting in deeth)	olicetions thet caused one cause on each li	d the death. Do	not enter	r the moda of dy	ARRISON Ing, such as cerding.	ac or respiretory e	errest,	, MD	Approximate Interval Between Onset and Deeth Z manths
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ox 68/60,	certificate be executed inding physician and use as the burlet-transit	n/Medical	that initieted events resulting In daeth) Lest	d	Dua to (or as a	conseque	ance of):					
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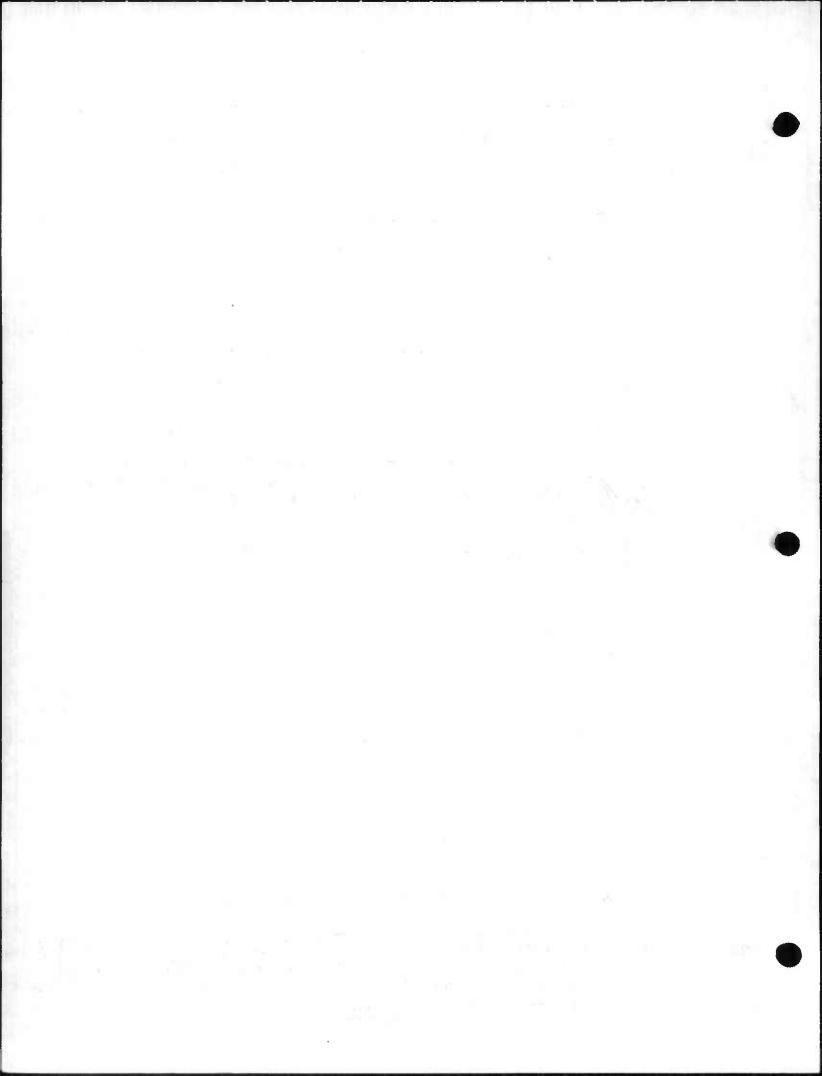
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3. Time of Death **Physician** Month Dey 1997 June 2, Pauline Weiner 6:15pm /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Olney Montgomery General Hospital Montgomery 7. Age (In yrs. lest birthday) 78 Yrs. If Under 1 If Under 24 Hrs. 5. Sociel Security Number 8. Date of Birth Nov. 23, Year) 918 9. Birthpleca (Stete or Foreign Country) Ukraine **Funeral** Days Hours Min. 1 M 2 X F 091-10-6252 Director Usuel Residence of Decedent the Marylend 10a State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits traumatic event, the Medical Examiner must be notified at Montgomery Silver Spring Director 1 Tyes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 5 518 Lamberton Dr. 20902 items 23a USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 11. Maritel Status Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) Rece - American Indien, Bleck, White, etc. Pages 1 and 2 should be filed within 72 hours after of the tot of Health and Mental Hygiane. Oft If Item 27 is marked other than "natural", or item 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Detes: 1 Never Merried 2 N Married altimore, Maryland 21215-0020 Specify: White 1 Yes 2 No Specify: ρ 3 ☐ Widowed 4 ☐ Divorcad Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retirad) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondary (0-12) Coilege (1-4or 5+) Sec. of Divisional Commander Salvation Army 12 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Be Louis Kurtz Rose (unobtainable) 19e. informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Important: If item 27 is any injury or other trau Max Weiner-spouse 518 Lamberton Dr. Silver Spring, MD 20902 20b. Piece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Locetion - City or Town, Stete Dete 1 XBuriel 2 ☐ Cremetion 3 ☐ Removei from Stete Washington Hebrew Cong. 6/5 4 ☐ Donetion 5 ☐ Other (Specify) Washington DC 22. Name end Address of Fecility Edward Sagel Funeral Direction 21. Signeture of Fune Service Licensee -Edward Sage1 1091 Rockville Pike Rockville MD 20852 and . Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, nock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset and Deeth **Physician** /Medical ACUTE MYOCA Immediate Cause (Fine) INFARCTION 48 hours diseese or condition resulting in deeth) Examiner Examiner The law requires that the deeth certificate be executed the burial-trensit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Box 68760. Physician/Medical Due to (or es e consequença of): 8 for use P.O. I detached Pert II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert f. 23b. Did tobacco use contribute to the cause of death? 3 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☑ Unknown signed b Records, ò 24b. Were eutopsy findings aveilable prior to completion of cause of death? pege 2 should Completed 24e. Wes en autopsy performed? peen hes certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital or Attanding Physician: Be director 25. Wes case referred to medice 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 Mnpatient 2 ER/Outpetient 3 DOA this filled in by the funeral 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? After 1 Neturel 5 Pending Investigation To the Hospital or Attanding within 24 hours after death.

To the Funeral Director: Afte completely filled in by the fun 1 Yes 2 No 2 Accident 3 Sulcide 6 Could not be 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 150 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner as steted.
2 Medicat Examiner: On the besis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end plece, end due to the cause(s) end menner steted. Medical 29a. Certifier (Check only one) 29b. Signeture and title of cartifier 29d. Dete signed (Month, Dey, Year) 29c. License number JUNE 3, 199 20 30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print) 18111 PRINCE PHILIP DRIVE KHAN M.D. SUITE 212, OLNEY MD 20832 31. Dete filed (Month. State

DHMH 16 Rev 6/95

Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth ^{Day}997 **Physician** June 10. John F. Welch Jr. 10:05 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Severna Park Center Genesis Elder Care Severna Park e Severna 2 dering 1 funder 24 Hrs. Months Days Hours Min. 8. Dete of Birth (Month, Dey, Y Dec. 28, Anne Arundel 5. Sociel Security Number Birthplace (State or Foreign Country) 7. Age (In yrs. lest birthday) 10 M 2□ F 577-60-7151 89 1907 Washington DC Usuel Residence of Decedent 10e Stete 10b. County 10c. City, Town or Locetion 10d. inside City Limits Director W Yes 2□ No MD Anne Arundel Millersville 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 8223 Bernard Drive North 21108 Funerai USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indian, Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 🖾 No Specify: Completed by White Specify: 3 Widowed 4 □ Divorced 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Printer Printing 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be Ellen G. Roche John F. Welch 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) James F. McNally 8223 Bernard Drive North, Millersville, MD 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) Dete 20c. Location - City or Town, Stete 1 ☑ Burlel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Gate of Heaven Cemetery | 6/13/97 SIlver Spring, MD 22. Name end Address of Fecility Francis J. Collins Funeral Home 21. Signature of Funeral Service Liberage 500 University Blvd. West 23a. Perfl. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth Immediate Cause (Final CEREBROVASCULAR ACCIDENT DAYS diseese or condition resulting in death) Due to (or es e consequence of) Examiner CARDIOVASCULAR ANT BUO SCLEWIC Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Physician/Medicai Due to (or es e consequence of) Pert II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 1) BUBNIA à Completed 24b. Were eutopsy findings eveileble prior to completion of ceuse of deeth? 24a. Wes en eutopsy performed? 2 1 No Be 25. Wes cese referred to medical exeminer? 26. Piece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 27. Menner of Deeth 28e. Dete of injury (Month, Dey Year) Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending investigation 1 DiNaturei 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Phyelcian: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner as steted.
2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner steted. edical 29a. Certifier (Check only one) 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 21776 MI) Mean 30. Neme end address of person who completed ceuse of death (Item 23e) (Type, Print) BAJMORE 21225 203 F PATAPSCO AVE MO

32. Register's Signature

State Registrar

Funeral

Director

the Maryland a or 28a-f show

Pages 1 and 2 should be filed within 72 hours efter death with nent of Health and Mental Hygiene.

ant: If Item 27 is marked other than "natural", or items 23a or ury or other traumetic event, the Medical Expriner mant be a

Department of Important: If any Injury or once.

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The law requires that the death certificate be executed

P.O. Box 68760.

Division of Vital Records,

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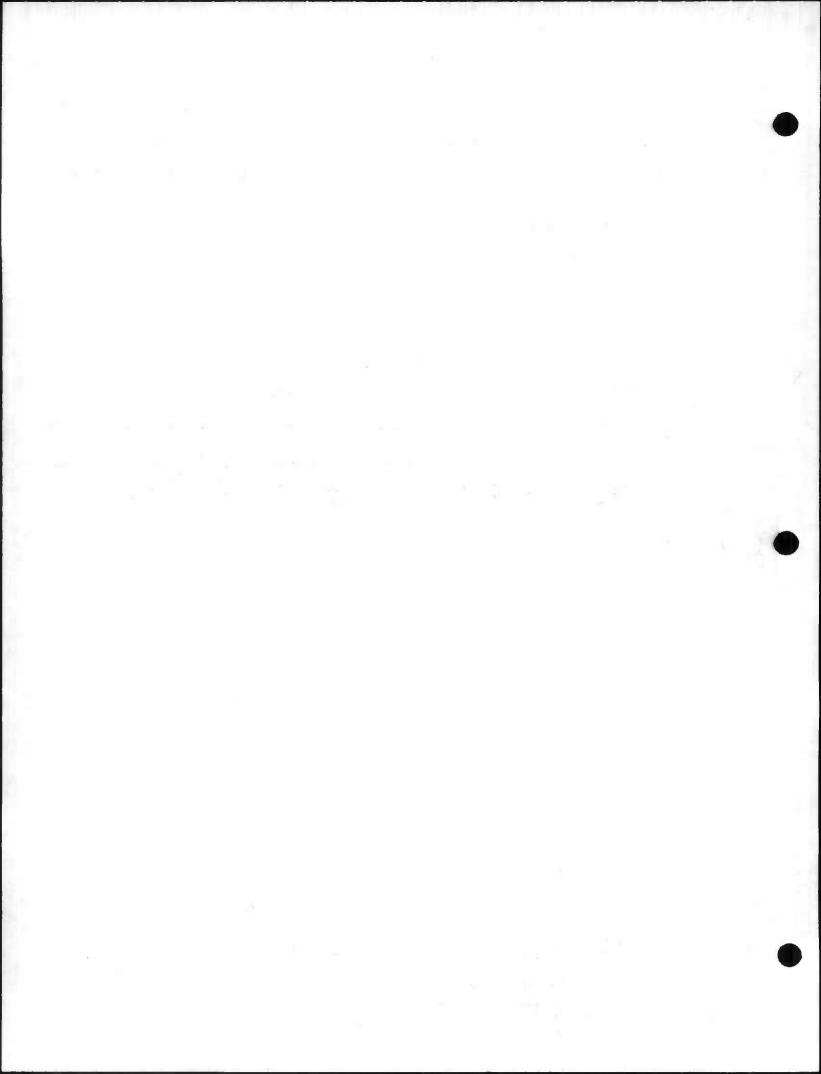
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Baltimore, Maryland 21215-0020

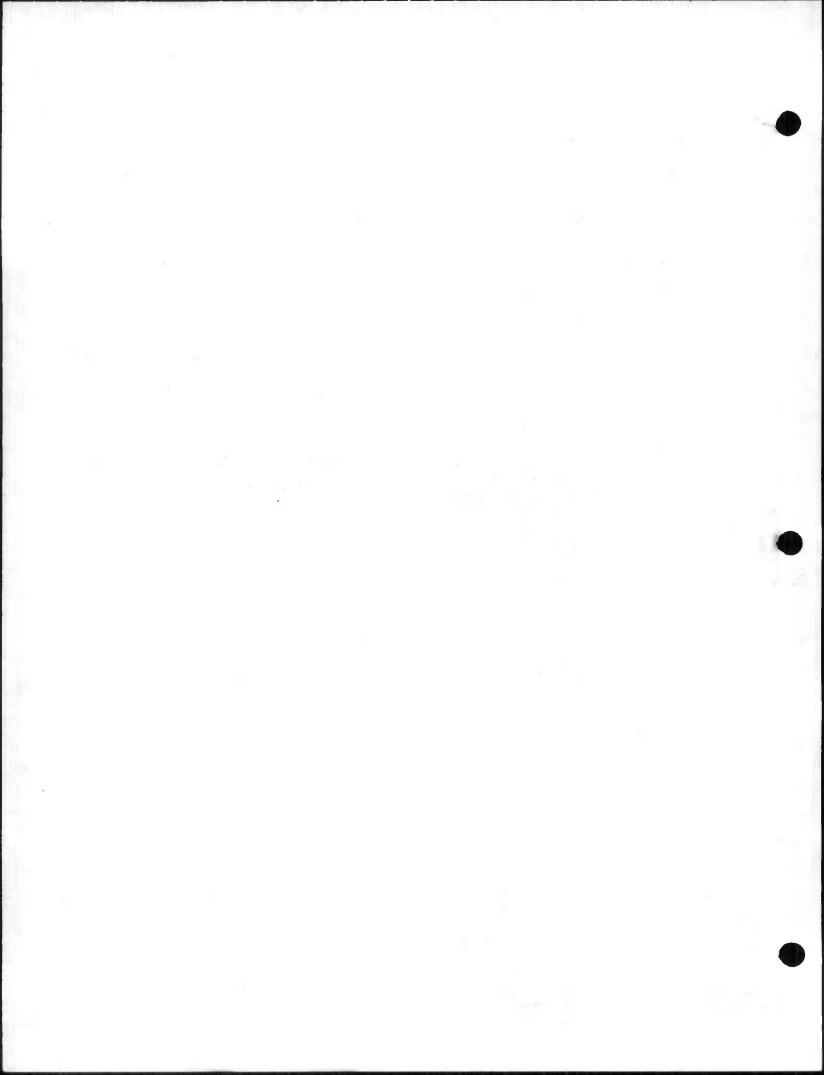
DHMH 16 Bey 6/95



State of Maryland / Department of Health and Mental Hygiene

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Funeral Director		5. Social Sacurity Number 215-44-8084 Usual Rasidanca of Dacedant	Sex 7. Age 1 ☐ 7. Age	e (In yrs. las	Yrs.	ths Days	If Undar 24 Hr Hours Min	8. Data of B (Month, D	hay, Year)	9. Birthpl Count Washi	ace (Steta or Foreign lny) ngton, DC
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lange sho		19a. Informant's Name/Relationship	(Type, Print)		19b. Mailing Add	rass (Street	and Number or F	Rural Routa Num	ber, City or Tov	vn, Stata, Zip	Code)
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DHMH 16 Rev 6/95



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njury		4 Donation 5			ARI		ON Nat'					N, VA.		
Important: eny Injury once.		21. Signature of Funare	Cha	mbers	P _{MOC}	0091	2. Name and Add	CE		RS FUNERAL HOMES, P., RIVERDALE, MD.2				
ician		23a. Pert1. Enter the d shock, or heart fa	disease, or com ailure. List only	plications that cau one cause on eac	ised the dea th line.	th. Do not en	iter the mode of d	ylng, such as cardied	or respiratory en	rest,		Approximate Interval Between Onset and Death		
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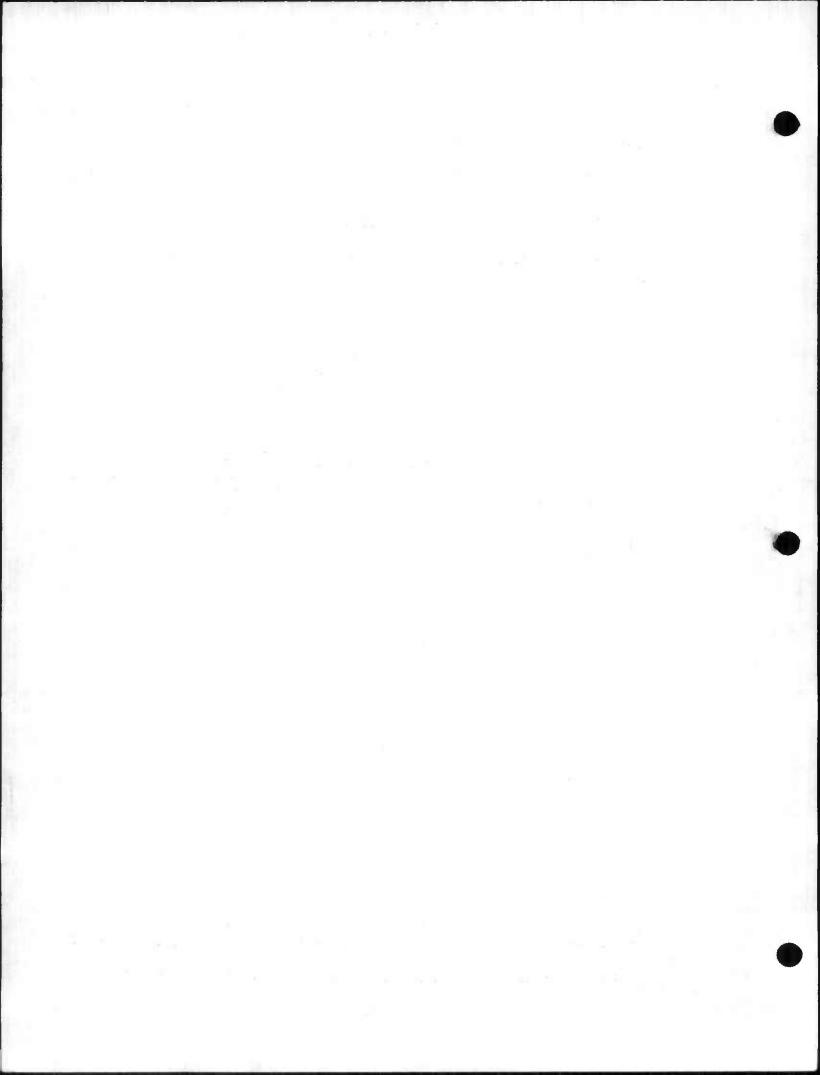
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

					Cert	ificate of	Death	F	Reg. No.	1 19097
Physic	ion	1. Decedent's Nama (First, Middla, Last)						2. Date of Dea		3. Tima of Death
/Medi		Edward A. White								97 5:10 am
Exami		4a. Facility Name (If not institution, giva s					4b. City, Town, or	Location of Death	4c. County	of Death
121.00		Montgomery Genera					01ney		Mont	gomery
Funeral Director		5. Social Security Number 6. Sax 143-16-3693	7. Age	(In yrs. lest b		If Undar 1 Yee Months Days			Year) 1915	9. Birthplaca (Steta or Foraig Country) New York
and *=		10a. Stata 10b. County		10c. City, To	wn or Loce	etion				10d. Inside City Limits
r 28a-f show	ō	MD Montgome	2037	C+1.	ror C	pring				1 ☐ Yes 2 ☒ No
the Trott	Director	10e. Street end Number	Ly	211/	rer s	10f. Zip Code			log. Citizen of W	
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Maryland 21215-0020 d 2 should be filed within 72 hours aff in and Mental Hyglene. T is merked other then "naturel", or traumetic event, in a Modical Exam.		15. Dacedant's Educ		16	e Deceder	at's Henal Occur	nation		16h Kind of Du	alpene fladuate.
215 nin 72	Be Completed	(Specify only highast grada	complatad)		(Giva kir	nd of work done NOT usa retire	pation during most of wo ed)	rking	16b. Kind of Bu	sinass/industry
2121 d within giane. r than	E	Elamantery/Secondary (0-12)	Collega (1-4or 5+ 5+	.)		emist			Scienc	.e
office of the of	Se C	17. Father's Nama (First, Middla, Last)					18. Mothar's Na	ma (First, Middla,	Maidan Surnem	e)
Maryland 2. 12 should be filed who and Mental Hygian is marked other throught the unamic event, to	To E	John J. White					Mary	I. Diet	z	
and he mand he mand he		19a. Informant's Neme/Ralationship (Typ	e, Print)	19	b. Mailing	Address (Straa	t and Number or R	ural Routa Numbe	r, City or Town,	State, Zip Code) 209
		Joan White			3500	Forest	Edge Di	rive, Apt	. 2G Si	lver Spring, 1
Baltimore, Maryland : permit. Pages 1 end 2 should be filed Department of Health and Mental Hypimportant: If Item 27 is marked other any injury or other treumetic event, once.		20a. Mathod of Disposition		20b. Placa		ion (Nama of tory or other pla				City or Town, Stete
Pag Pag Int: H		1 ☐ Burial 2 【Cramation 3 ☐ Ra 4 ☐ Donation 5 ☐ Othar (Specify)	moval from Stata				matory	5/30/97	Alexand	ria. VA
Baltim parmit. Pa Departmen Important: any injury		21. Signatura of Funeral Sarvice Licensa	2/		22. 1	lama and Addr	ass of Facility F1	ancis J.	Collin	s Funeral
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68760, ifficate be exe g physicien a as the buriel-	ũ	Sequantially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death.) Let								
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Box eath cert attending for use in	lan	d.								
D. Pe deep he de	Physician/	Part II. Other significant conditions conti	lbuting to death but	not resulting	in the unde	erlying ceusa gi	van in Part I.	23b. Did to	bacco uss con	tribute to the causs of death
P.O nat the d by th	Phy	hypertension a	errial +	ibul	lair	2		1 🗆 Y	88 2 No	3 Probably 4 Unknow
Signe igne	Ď	1 - 1 -	-50			T d			-	
I Records, P.O. Bo) The law requires that the death ce ate has been signed by the attend page 2 should be detached for us,	Completed	concesione bear	tailure	- re	mal	tarks	no	24e. Was a perfor		24b. Were autopsy findings available prior to
law law	nple	0	1	1		1				completion of ceuse of death?
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of Vital Re Physician: The lav this certificate has ral director, page 2	Be	25. Was cesa referred to medical axaminar?					26. Placa of Dea	ath (Check only or	a)	
w × 00	2	1 Yas 2 PNo Ho	spital: 1 2 inpatiant	2 □ ER/O	utpatient	3□ DOA Ot	har: 4□ Nursing H	lome 5 ☐ Rasida	ance 8 Otha	r (Specify)
	: ::	27. Menoer of Deeth 1 ☑ Naturel 5 ☐ Panding	28a. Data of Injury (Month, Day 1		Time of Injury	28c. Inju Wo	ry at rk?	28d. Dascribe he	ow injury occurre	эd
SiO endfi eath.	cati	2 ☐ Accidant invastigation					Yes 2 □ No			
Division of the Hospital or Attending Ph within 24 hours eiter death. To the Funeral Director: After thi completely filled in by the funeral	Certification:	3 Sulcida 6 Could not be dataminad	28a. Place of Injury building, atc.	y - At homa, fa (Specify)	arm, straat	, factory, office		28f. Location (Si City or Town	reet and Number, State)	er or Rural Routa Number,
iled beili	1 "									
To the Hospital within 24 hours To the Funeral completely filled	edical	29a. Cartifier (Check only one) 1 ☐ Certifying Physic 2 ☐ Medical Examine	r: On the basis of e	xamination ar	e, death oc nd/or invas	curred at tha ti tigation, in my	ma, data and plece opinion, daath occu	, and dua to the co rred at tha time, d	ausa(s) and mar ete and place, a	nnar as stated. nd dua to the ceuse(s)
the the	Mec	29b. Signature and title of certifier	and manner stete	d.						
		1654 7/Cm2	Con /			29c. Licans	8751	2	Mara 2	(Month, Day, Year) 9 1997
5.		The Contraction	J ~/			0			11-72	1,111
+6		30. Name and address of person who com	pleted cause of daa	th (Itam 23a)	(Type, Pri	nt)	12 1	es Soris	ac pul)	2.0901
		31. Date Ned (Month, Day, Year)	30 Doctor	Signature	- UTING	MITALL	31, 0110) /	- 106
Sta Registr			32. Registrar	a Davida	- D.	nd.62.				



WHITE

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / [

Department of Health and	Mental	Hygiene
Certificate of Death		Don No.

Yes 2□No

Physician	
/Medical	
Examiner	

Robert Alan 4a. Fecility Name (If not institution, give street end number) 4 PARKWAY ROAD

5. Sociel Security Number

217-42-8598

JUNE

2. Date of Death 3. Time of Death 1997 4:30P.M.

4c. County of Death

10g. Citizen of What Country? United States

Reg. No

4b. City, Town, or Location of Death

GREENBELT

Month

PRINCE GEORGES

Funeral Director

Pages 1 and 2 should be filed within 72 hours efter death with the Maryland nent of Health and Mental Hygiene.
int: If flem 27 is marked other than "natural", or items 23a or 28s-1 show ms 23a or 28a-f show Director Funeral 7 is marked other than "natural", or iten traumatic event, the Medical Examiner þ Completed Be

other

6

Department of important: If any injury or once.

Physician /Medical

Examiner

for use es the burial-tren

physiclan

signed by

cartificate

as after dec.

To the Hospital o within 24 hours af To the Funeral Di

13

filled in by

page 2 should Completed

The lew requires that the death certificate be executed

P.O. Box 68760.

Records,

Division of Vital or Attending Physician: Physician/Medical Examiner

þ 90

Be

10

Certification:

Medical

21215-0020

Baltimore, Maryland

Usual Residence of Decedent 10a. State 10b. County Maryland Prince George's

1. Decedent's Name (First, Middle, Lest)

Greenbelt

7. Age (In yrs. lest birthdey)

52 Yrs.

10c. City, Town or Location

10f. Zip Code 20770

| If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Yeer) | 9. Birthplace (State or Foreign Month) | 1. March | 15,1945 | Washington, D.C. Birthplace (Stete or Foreign Country) 10d. Inside City Limits

10e. Street and Number 4E Parkway Road

11. Maritel Stetus

12. Wes Decadent Ever in U,S. Armed Forces? 1 ☐ Yes ŽŽXNo If Yes, Give Yeer or Detes:

White

APT.#E

6. Sex

XXM 2□ F

 Was Decadent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Yes XX No Specify:

 Raca - American Indian, Black, White, etc. White Specify:

15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+)

 Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Teacher

P.G. Co. Schools

16b. Kind of Business/Industry

17. Father's Name (First, Middle, Last) White Francis W.

1 Never Married 2 Married

3 Widowed 4 Divorced

19e. Informant's Name/Reletionship (Type, Print)

Edna V. Williams 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)

Linda Alison White (Sister)

93 LaQuinta Drive San Jose, California

20e. Method of Disposition

20b. Plece of Disposition (Name of cametery, cremetory or other plece)

20c. Location - City or Town, State

1 ☐ Burial 2 XX remetion 3 ☐ Removal from State Metropolitan Crematory 6/12/1997 Alexandria, Virginia 4 Donation 5 Other (Specify)

21. Signature of Funeral Set

Donald V. Borgwardt Funeral Home, P.A. 4400 Powder Mill Rd. Beltsville, Maryland 20705 ans hat caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, on each line. Approximete Intervsi Between Onset and Death

18. Mother's Name (First, Middle, Meiden Surneme)

Immediate Ceuse (Final

Alleroscleratio Cardiovascular Hyperhersiva disease Due to (or as e consequence of)

disease or condition resulting in death)

Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last

Due to (or es e consequence of):

Due to (or as a consequence of):

Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death?

1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Onknown

Alsohulism

24a. Was an autopsy performed? INSPECTION

1 ☐ Yes 2 No

24b. Were autopsy findings aveilable prior to completion of cause of death? 1 ☐ Yes 2 No

25. Was case referred to medical 1X Yes 2 No

27. Manner of Death

1 SNatural

2 Accident

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Date of Injury (Month, Dev Year) 5 Pending Investigation

28c. Injury et Work? 28b. Time of 1 Yes

Other: 4 \sum Nursing Home 5 Residence 8 \subseteq Other (Specify) 28d. Describe how injury occurred

6 Could not be 3 ☐ Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

28f. Location (Street and Number or Rurel Route Number, City or Town, Stete)

JUNE 9,1997

1 Certifying Phyalcian: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) end menner as stated.

Medical Examinar: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. (Check only one) 29b. Signeture and title of certifier

29c. License number

O.C.M.E.

29d. Date signed (Month, Dey, Year)

29a. Certifier

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

DAVID R. FOWLER M.D.

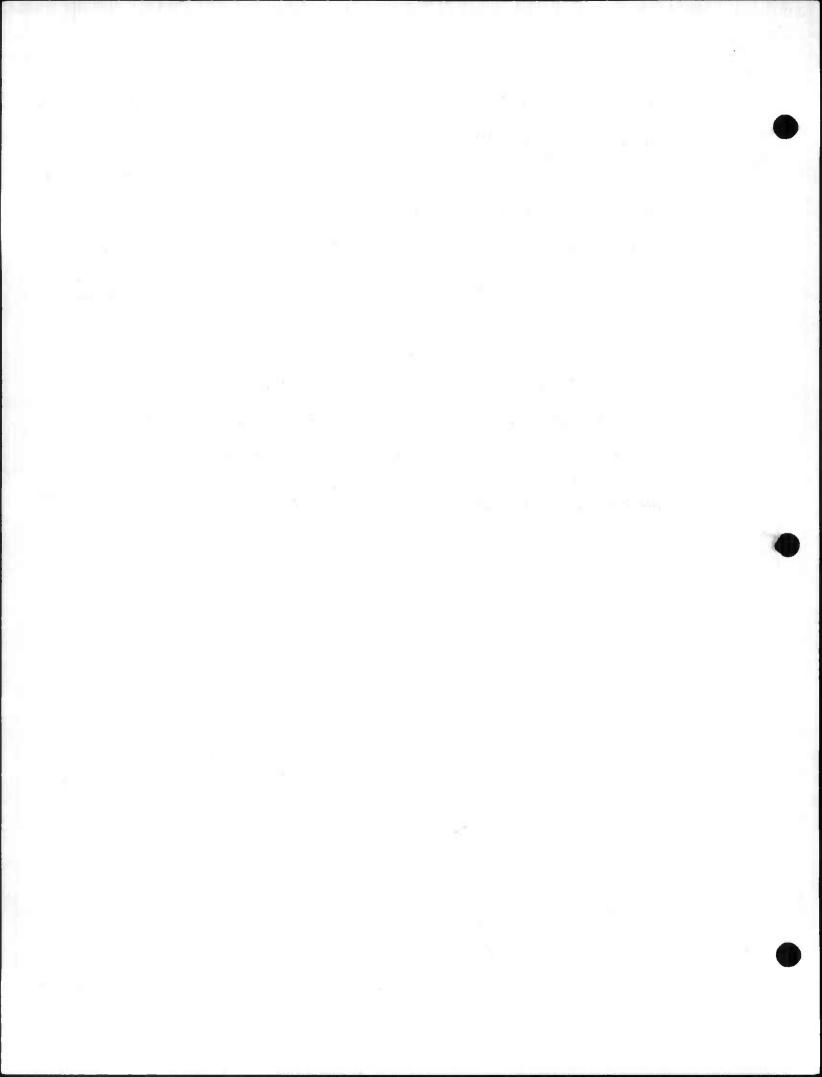
111 Penn Street, Baltimore, Maryland 21201

26. Place of Deeth (Check only one)

State Registrar 31. Date filed (Month, Dey, Year) JUN 12 1997

32. Registrar's Signature

DHMH 16 Ray 6/95



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death une 4e. Facility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth ROCKVILLE If Under 24 Hrs. Hours Min. SHADY GROVE ADVENTIST HOSPITAL MONTGOMERY 6. Sex 1. M 2 ☐ F If Under 1 Yeer 6. Dete of Birth (Month, Dey, Year) June 26, 1929 5. Sociel Security Number 7. Age (In yrs. lest birthdey) 9. Birthplece (Stete or Foreign Country) N. Carolina Deys 67 218-22-3808 Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 ☐ Yes 2X No Gaithersburg Montgomery 10e. Street end Number 10f. Zip Code 10g. Citizan of What Country? 20141 Hob Hill Way 20879 U.S.A. 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: 50-73 11. Meritel Stetus 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Rece - American Indien. Bleck, White, etc. 1 Never Merried 2 Married 1 ☐ Yes 2 X No Specify Specify: Black 3 Widowed 4 Divorced Decedant's Usual Occupetion (Give kInd of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) yr U.S. Navy (Retired) Armed Services 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Hester Bell Unknown 19e. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Addrass (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Bettye H. Wooden (Wife) 20141 Hob Hill Way, Gaithersburg, MD 20879 20b. Place of Disposition (Nama of 20e. Mathod of Disposition 20c. Location - City or Town, Stete cemetery, cremetory or other place) 1 XBuriel 2 ☐ Cremetion 3 ☐ Removel from State Arlington Nat'l Cem. 6/12/97 Arlington, 4 ☐ Donetion 5 ☐ Other (Spacify) 22. Name end Address of Fecility SNOWDEN FUNERAL HOME, ROCKVILLE, MD 20850 or complications that ceused the deeth. Do not enter the mode of dying, such es cerdiec or respiretory errest, List only one ceuse on each lina. Approximete Intervei Between Onset and Deeth Immedieta Causa (Finel diseese or condition resulting in deeth) Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Lest Due to (or es e Due to (or es e consequence of) 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I Unknown findings

Physician /Medical Examiner

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within 24 hours after deat To the Funeral Director:

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Hospital

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or Attending Physician: The law requires that the death certificate be exec

Box 68760,

P.0.

Division of Vital Records,

Physician

/Medical

Examiner

Director

Funeral

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Completed

Be

Funeral

Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if hem 21s marked other than "natural", or items 23s or 28s-1 show any injury or other traumatic event. In a second of the contraction of the c

Baltimore, Maryland 21215-0020

Physician/Medical Examiner use as the burial-transit þ Completed page 2 Be Certification: To filled in by

	Leveron	1 □ Yes 2 □ No	3 □ Probably 44
• //		24e. Wes en eutopsy performed?	24b. Were eutopsy aveilable prior completion of c of deeth?
		1 ☐ Yes 2 No	1 □ Yes 2
25. Was case referred to medical	26. Plece	of Deeth (Check only one)	
examiner? 1 ☐ Yes 2 X No	Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 ☐ Nur	sing Home 5 Residence 6 Ot	her (Specify)

		10 100 2000
25. Was case referred to medical examiner?	26. Plece of Deeth (C/	neck only one)
1 ☐ Yes 2 No	Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home	5 ☐ Residence 6 ☐ Other (Specify)
27. Menner of Deeth 1. Neturel. 5 Pending 2 Accident investigation	(Month, Dey Year) Injury Work? Injury Work? Injury Work? I □ Yes 2 □ No	Describe how injury occurred
3 Suicide 6 Could not be 4 Homicide determined	28e. Piece of Injury - At home, ferm, street, factory, office 28t.	Location (Street end Number or Rurel Route Number, City or Town, Stete)

29e. Certifier (Check only one)	1 Certifying Physicien: To the best of 2 Medical Examiner: On the basis of end manner state.	my knowledge, deeth occurred et tha tima, dete end piece, end xeminetion and/or investigation, in my opinion, death occurred ed.	due to tha ceuse(s) end menner es steted. at tha time, dete end plece, and due to the cause(s
Ook Cinneture	A share of the same		

29c. License numbe

30. Neme end addig of completed cause of death (Item 23a) (Type, Print)

Center Dr. Pockylla MD 20850 9901 Hedical angston mo 32. Registrede Signeture

State Registrar

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Date of Deeth JUNE JUNE **NELLIE MARIE WATSON** 4a. Facility Nama (If not institution, give streat and number) 4b. City, Town, or Location of Death 4c. County of Death PENINSULA REGIONAL MEDICAL CENTER SALISBURY If Undar 24 Hrs. 8. Do Hours Min. WICOMICO if Under 1 Yaar Birthplaca (State or Foreign Country) 5. Social Sacurity Number 6. Sax 8. Date of Birth (Month, Day, Year) 4/21/12 7. Aga (In yrs. last birthday) 1□M ※F Days 85 Yrs. MD 218-14-2429 Usual Residence of Decadent 10a Stata 10h County 10c. City, Town or Location 10d. fnsida City Limits MD Worcester 1 Yas 20 No 10e. Straat and Number 10f. Zip Coda 10g. Citizan of What Country? 9937 Deerpark RD 21811 USA 12. Wes Decedant Evar in U,S. Armad Forcas? 1 ☐ Yas 2 1 No If Yas, Giva Yaar or Dates: 11 Maritel Status Was Decedent of Hispanic Orlgln? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian, Bleck, White, atc. 1 ☐ Navar Merried 2 ☐ Married 1 Yas 2 No Specify: Specify: white 3 Widowed 4 □ Divorced 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedant's Education (Spacify only highast grada complated) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) Collaga (1-4or 5+) 11 Storekeeper Grocery 17. Father's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Maidan Surname) Thomas Mack Jones Ethel Mae Richardson 19e. Informant's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Streat and Number or Rural Route Number, City or Town, Stata, Zip Code) 9941 Deerpark RD Berlin, MD Thomas Jones 20b. Place of Disposition (Nema of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State Deta 1 ☐ Burial 2 X Cremation 3 ☐ Ramoval from State Cape Henlopen Crematory 6/10/97 Frankford, DE 5 Other (Specify) 21. Signeture of ivice Licensea 22. Nama end Address of Fecility Burbage Funeral Home 108 William St. Berlin, MD for the disease or complications that caused the daath. Do not antar tha mode of dying, such as cardiac or respiratory errest, rhant tailure. List only one cause on each line. Approximeta Intarval Batween Onset and Death fmmedieta Causa (Final disaasa or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immadiete causa. Entar Undarlying Ceuse (Disaasa or injury that initieted evants rasulting in daath) Lest Dua to (or as a consequence of): Dua to (or as e consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contributa to the cause of death? 1 | Yes 2 | No 3 | Probably 4 | Unknown 24a. Was an eutopsy performed? 24b. Were eutopsy findings eveilable prior to complation of cause of daath? 1 ☐ Yas 2 1 No 1 ☐ Yas 2 ☐ No

26. Pleca of Death (Check only ona)

Othar: 4 ☐ Nursing Homa 5 ☐ Residence 6 ☐ Othar (Specify)

28d. Dascribe how injury occurred

28f. Location (Street end Number or Rural Routa Number, City or Town, Steta)

29d. Data signed (Month, Day, Year)

Physician /Medicai **Examiner**

Physician

/Medical

Examiner

Funeral

Director

ns 23a or 28a-f show

the Medical Examiner

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I Hygiene.

. Pages 1 and 2 should be fill then of Health and Mental Heant: If Item 27 is marked oth Jury or other traumatic even

Department of Important: If any Injury or once.

Director

Funeral

by

Completed

Be

the Maryland

filed within 72 hours after

21215-0020

Baltimore, Maryland

Box 68760. physician 20 Division of Vital Records, P.O. signed by The law requires that

After this Attending

Physician/Medical þ Completed Be 2 Certification:

25. Was case refarred to medical 27. Manner of Death 1-Netural 2 Accident

State Registrar

Medical

16. L. M. 31. Data filed (Month, Dey, Yaar)

29b. Signeture and titla of cartifier

1 Yas 2 No

3 Suicide

29a. Cartifier (Check only one)

4 Homicide

5 Panding investigation

6 Could not be determined

30. Name and address of person who complated cache of death (Item 23a) (Type, Print) Evangelista

28a. Data of Injury (Month, Dey Year)

32. Registrar's Signatura whi Dewolor Ren

1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA

28e. Pleca of Injury - At homa, farm, street, fectory, offica building, atc. (Spacify)

28b. Tima of

28c. Injury at Work?

1 Critifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner es stated.

2 Medical Examinar: On the bests of examination and/or invastigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) and mennar stated.

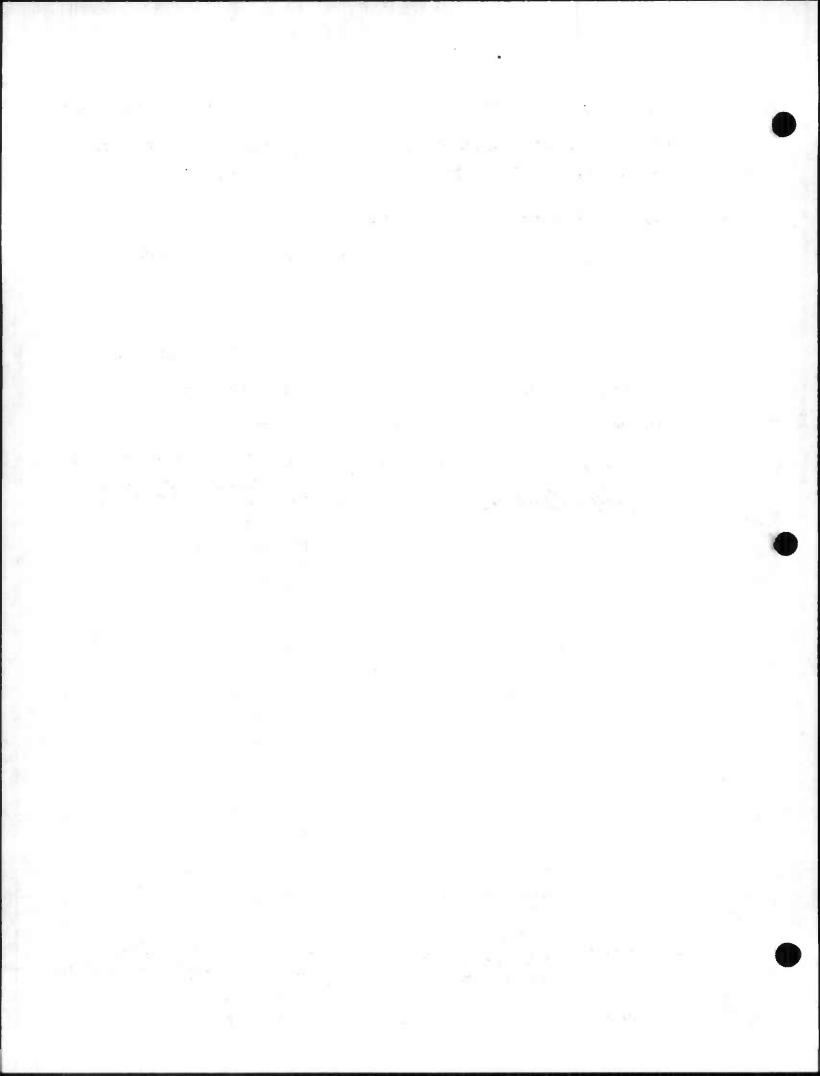
29c. Licanse number

1 ☐ Yas 2 ☐ No

JUN 0 9 199

within 24 hours a To the Funeral

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State-of Maryland / Department of Health and Mental Hygiene

Certificate of Death

	Dhuais	ion.	1. Decedent's Neme (First, Middle,	Last)						2. Date of D		Vana	3. Time of Death
	Physic /Medi		NOREEN THE							6	Day 4	97	1530
	Exami	ner	4a. Facility Neme (If not Institution,							ocation of Dea		nty of Death	
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	Funeral Director		152-26-2194	3. Sex 7. 1 □ M 2(X F	Aga (In yrs. las	Yrs.	If Undar 1 \ Months E		Undar 24 Hrs. lours Min.	8. Data of B (Month, D 6 / 11 /	irth ey, Year) 35	9. Birthi	placa (Stata or Foreig ntry) NJ
	pue *-		Usuel Residence of Decedant 10a. State 10b. County		10c. City. T	Town or Loca	ation					1.	10d. inside City Limits
	r 28a-f show	Director	MD Wo	rcester		rlin							1 ☐ Yes 2 No
	death with the Maryland ms 23a or 28a-f show	al Dire	1 Cameo Ct.				10f. Zip Co				10g. Citizen o	f What Cou	ntry?
020	or ite	by Funeral	11. Meritai Status 1 Naver Married 2 Marrie 3 Widowed 4 Divorced	12. Was Decede Armed Force d 1 Yes 2 If Yas, Giva Yaar or Dete	X10		es Deceden Yes, apecify		nic Origin? (Sp lexican, Puarto pecify:	pecify Yas or N Rican, etc.)	o- 14. Ra Bi	ace - Americ leck, White, cify: Wh	
21215-0020	e e	Completed	15. Decedent's (Specify only highest Elemantary/Secondery (0-12)	Education grada completed) Coilega (1-4c			nd of work of NOT use r	done durin ratired)	g most of work	cing	16b. Kind of		dustry
	be filed Ital Hygi d other event, t	To Be Cor	17. Father's Nema (First, Middle, La James F. Cad	,		Hou	sewife			e (First, Middle Monaha	Hom a, Meiden Sume n		
Maryland	s 1 and 2 should f Health and Mer Item 27 Is marks other traumatic	 	19e. Informent's Name/Reletionshi			_					per, City or Tow		Code)
Baltimore,	permit. Pages 1 and Department of Health Important: If Item 27 any Injury or other tr ance		20a. Nethod of Disposition 1 Burlai 2 Cremetion 3 4 Donation 5 Other (Spe	☐Ramovei from Ste	. cem	e of Disposit stary, creme Sertru	tion (Neme	of ir place)	1	Dete / 9 / 9 7	20c. Location	n - City or To	
Balti	permit. Pages Department of Himportant: If ite any injury or of another.		21. Signature of Funeral Service Li		10	22.1	Nama and A		B	urbage Berlin,	Funera MD 2	al Hon 1811	ne
	Physician /Medical		23a, Pan. Enter the disease, or shock, or hear failure. List or immediate Cause (Finel	ny one cause on eau	ilina.		the mode o	of dying, su	uch as cardiac	or respiratory	arrest,		Approximata interval Between Onsat and Death
	Examiner		disaase or condition resulting in death)	a. LAKG	EINT Due to (or as MAC	ELV.	SN 180	400	LAKE	- 15CE	(21)		thrs.
-	ש יב	ner		Ar	MAT	FB	MICL	ATO	ran			1	
0,	execute an and irial-trans	Examiner	Sequentially list conditions, if any, leading to immediate cause. Entar Undarlying Cause (Disease or injury that initiated events	ь	Due to (or as								
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Bô	ath ce ttendi or use	lan		d								i	
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Records,	aw requir is been s 2 should	Completed b								24a. War	an eutopsy ormed?	av	ere autopsy findings allable prior to impletion of cause death?
E	는 불절	S								1 🗆	Yes 20 No	10	☐ Yes 2☐ No
of Vital	Physician: The this certificate ral director, page	Be	25. Was case referred to medical exeminer?	/				26.	Place of Deal	h (Check only	one)		
× ×	S 50	2	1 Yas 2 No	Hospitel: 1 Nnpa	tient 2 ER	/Outpatient			Nursing Ho	oma 5□Ras	idance 8 🗆 O	ther (Specif	(y)
ion	ath. r: After th	ation:	27. Manner of Deeth 1 Natural 5 Pending 2 Accident invastigation	28a. Dete of Ir (Month, L	njury 28 Dey Year)	b. Time of injury	28c.	injury et Work? 1 ☐ Yes	2 No	28d. Describe	how injury occur	urred	

To the Hospital or Attending within 24 hours after death.
To the Funeral Director: After completely filled in by the fune.

30. Name and address of person who completed cause of deeth (item 23e) (Type, Print) 9733 Healthway Dr. Berlin, MD 21811 Edwin Castaneda, MD 31. Dete filed (Month, Dey, Year)

28a. Piece of injury - At home, farm, atreet, fectory, office building, etc. (Specify)

046257

Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and plece, and due to the cause(a) end manner as stated.

2 Medical Examiner: On the basis of axamination and/or investigetion, in my opinion, deeth occurred at the time, dete and piece, and due to the cause(a) end menner steted.

29c. License number

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

29d. Dete aigned (Month, Day, Year)

State Registrar

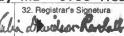
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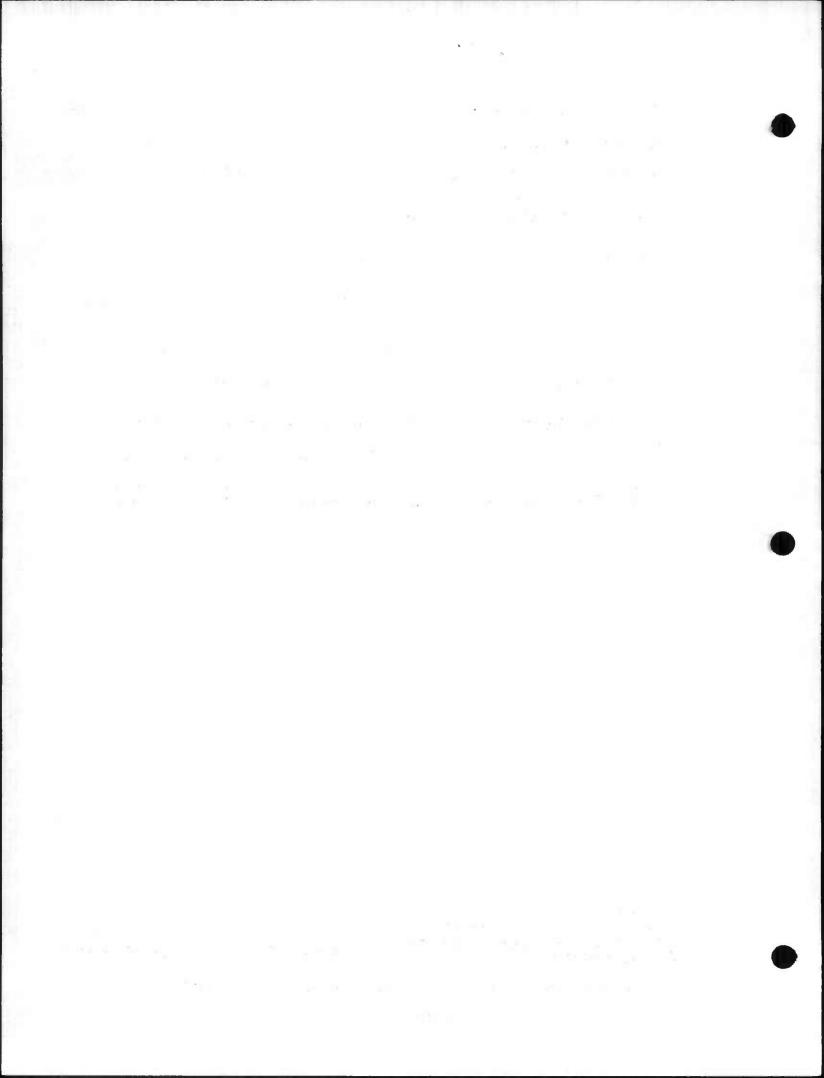
3 Suicide

29e. Certifier

4 Homicide

29b. Signature and title of certifian





State of Maryland / Department of Health and Mental Hygiene

97 19102

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Discort		1. Decedent's Nama (First, Middle, Las	st)				2. Date of Dea Month	th		Tima of Death
Physic /Medi		Harrison	Warfield				June 5,	1997	Year 4	:45 P.
Exami		4a. Facility Name (If not institution, give	all water and all the			4b. City, Town, or L	ocation of Death	4c. County of	of Death	
		Avalon Manor	Nursing Hor	me		Hagers	town	Washi	ngton	
Funeral Director		5. Social Security Number 6. S 579-07-1055A	ex 7. Age 10 M 2□ F 88	(In yrs. last bi	rthday) If Under 1 Ye. Months Day		8. Date of Birth (Month, Day March	Year) 1909	Country)	(State or Forei
2 2 =		10a. State 10b. County		10c. City, Tow	m or Location				10d. le	nsida City Limi
4 sh	5	Maryland Washin	rton	L	lagerstown					X Yes 2 1
28	Director	10e. Street and Number	gton	1	10f. Zip Code		1	I0g. Citizen of W	hat Country?	
3a or	O E	200 B Taylor Av	venue			21740			USA	
natural, or items 23a or 28a-f show	by Funeral	11. Marital Status 1 Nevar Married 2 Married 3 Vidowed 4 Divorced	12. Was Decedent E Armed Forcas? 1 ☐ Yas 2 ∑ No If Yas, Giva Yeer or Dates:		13. Was Decedent of If Yas, specify Control of Yas 2X N	Hispanlc Origin? (Spathan, Mexican, Puarto Specify:	pecify Yas or No- Dican, etc.)	14. Race Black Specify:	- American in , White, etc.	lack
"netural",		15. Decedent's Ed	lucation	16a	. Decedent's Usual Occ	upation		16b. Kind of Bus		
- 2	Completed	(Specify only highest gra	de completed) College (1-4or 5+	-1	Decedent's Usual Occ (Giva kind of work don life. DO NOT use rati	ne during most of work red)	king			
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3 5	Be	17. Father's Nama (First, Middle, Last)				18. Mother's Nam			1)	
	2	George Warfield	1			Elsi	e Johr	ison		
D B L		19a. Informent's Name/Relationship (7	Type, Print)	19t	. Malling Address (Stre	et end Number or Ru	ral Route Number	r, City or Town, S	Steta, Zip Cod	9)
# N F			ıander	12	03 Hamlin	Street N.	E. Washi	ngton,	D. C.	20017
		20a. Method of Disposition 1 XBurial 2 ☐ Cremation 3 ☐	Removal from State	20b. Place o	t Disposition (Name of ry, cremetory or other p	lece)	Date	20c. Location - 0	City or Town, S	State
ant:		4 ☐ Donation 5 ☐ Other (Specify		Rose	Hill Cemet	ery 6	/10/97 H	lagersto	wn, Ma	ryland
Depertment of Important: If it any injury or once.		21. Signature of Funaral Service Licen	Maria:	ch	22. Name and Add Gerald N	Minnich	305 N.	Potoma	c Stre	et
hysician		23a. Part1. Enter the disease, or comp shock, or heart failure. List only	ollcations that caused tone cause on each line	he death. Do	not enter the mode of d	□O⊞€ ying, such as cardiac	or respiratory arr	est, M	App Inte	roximate rval Between et and Death
/Medical xaminer		Immediate Cause (Final disaase or condition resulting in death)		mone					1	nk
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nd	amine	Sequentially list conditions.	b. Aspr	ration	consequence of);			1.00	10	rk
ian and urial-trans	Examiner	Sequentially list conditions, if any, leading to immediate cause. Entar Underlying	b. Aspr	ration	<i>V</i>				1/4	rk -
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ng physician and a as tha burial-transit		cause. Entar Underlying	c. Sem	ration due to (or as a le D	consequence of):				//	-
D e	Medical	cause. Entar Underlying Cause (Diseasa or Injury that Initiated events	c. Sem	ration due to (or as a le D	consequence of):				/ /	rke_
D e	Medical	cause. Entar Underlying Cause (Diseasa or Injury that Initiated events	c. Semo	ration due to (or as a de D ue to (or as a	consequence of):	giv <i>e</i> n in Part I.	23b. Did to	obacco use conf	/ C	cause of deap
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X IC	Men Men Men Men Men Men Men Men Men Men	2	Charles M					Hattie Jane Shimer					
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	f Health item 27 other tr		George C. Ma	-	Brother				ne Drive	Smiths	ourg, Mar	yland	21783
alumore,			20a. Method of Disposition 1 ☑ Burial 2 ☐ Cra		Ramoval from State		emetary, cram	ition (Nama of atory or othar pla		Data	20c. Location -	City or Tov	vn, Stata
	permit. Pages Department of important: If it any injury or once.		4 ☐ Donation 5 ☐			Hil	lcrest	Mem. Pa	rk June	9,1997	Cumber]	land,	Maryland
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the Hospital or Attending Bit	To the Heapttal or Attending Physicien: within 24 hours aftar death. To the Funeral Director: After this certific completely filled in by the funeral director,	Certification:	27. Mannar of Death 1 Pratural 5 2 Accident 3 Suicida 6	28a. Date of Injury (Month, Day Year) 28b. Tima of Injury M 28c. Injury at Work? 1 \(\text{Year} \) Yas 2 \(\text{No} \) No					28d. Dascribe how injury occurrad				
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	the Hosp nin 24 hou the Funer upletely fill	edical	29a. Certifier (Check only one) 11 Certifying Physician: To the best of my knowledge, death occurred at tha tima, date and placa, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, daath occurred at tha tima, data and place, and due to the cause(s) and manner stated.										
	To		29b. Signature and title of	url Co	han, n			29c. Licans	a number 655		29d. Data signad	(Month, D	ay, Year)
			30. Nama and address of person who complated causa of death (Itam 23a) (Type, Print) Dr. Samuel Chan 1185 Mt. Aetna Road, Hagerstown, MD 21740										
	Stat Registra		31. Data filed (Month, Day	y, Year) 0 9 199 7	32. Regist	rar's Signat	Rock						

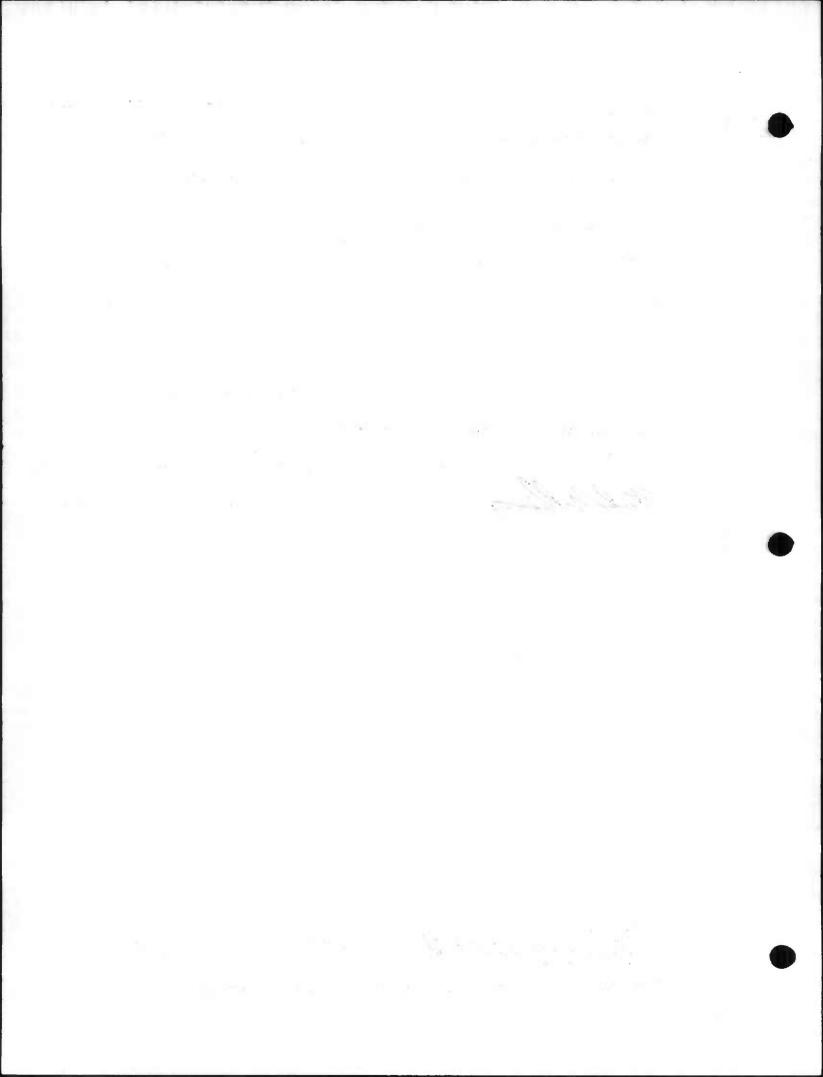
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State of Maryland / Department of Health and Mental Hygiene

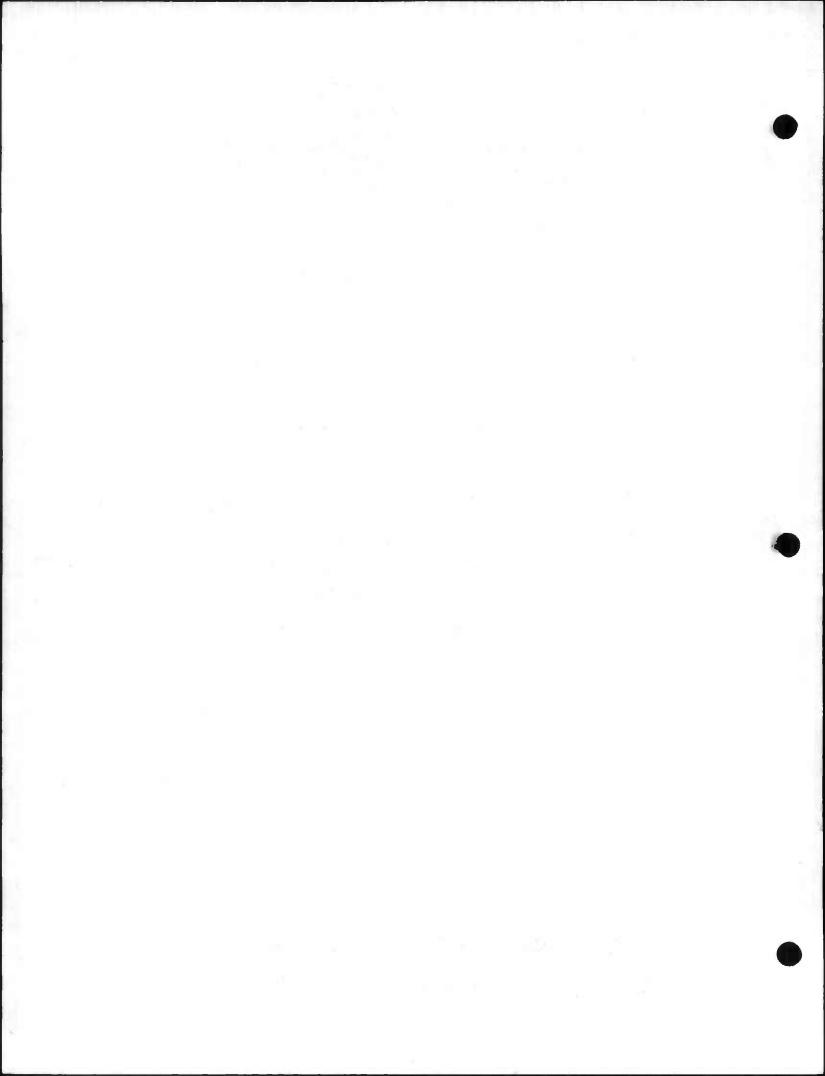
Certificate of Death Item: 8 per FH G-751 9/24/97 dh 1. Decedent'a Neme (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Menth (PG) 1997ear 8:39PM Stephen Severin White /Medical 4a. Facility Neme (If not institution, give street and number) 4b. Clty, Town, or Location of Death 4c. County of Death Examiner Physicians Memorial Hospital La Plata Charles If Under 1 Year If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Dete of Birth 12/27/27 9. Birthplece (State or Foreign (Month, Day, Year) **Funeral** Days Months 1 M 2 F Yrs Director 380-26-7307 Usual Residence of Decedent 69 12,1927 Wisconsin 2 should be filed within 72 hours after deeth with the Maryland end Mental Hyglene. 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or itema 23a or 28a-f show traumatic event, the Mexical Examiner must be notified at 1 ☐ Yes 2 ☐ No Directo Maryland Charles Indian Head 10a. Street and Number 10f. Zip Code 10g. Citizen of What Country? 4715 Strauss Ave Funeral 20640 U.S.A. 13. Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever In U.S. 14. Raca - American Indian, 11. Meritel Status Black, White, etc. Armed Forces' 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: by Specify: 3 Widowed 4 Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 18b. Kind of Buainess/Industry Electronic Computer Elementary/Secondery (0-12) College (1-4or 5+) Electronic Technician Tracking Company 12 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) Be 2 John White Dorothy Poliwoda 19a. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2 sh Depertment of Health end Important: If Item 27 is m any Injury or other traum once. Frances Cullen Sister Same as #10 20b. Pleca of Disposition (Name of 20a. Method of Disposition Date 20c. Location - City or Town, State cemetery, crematory or other place) 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) June 13, 1997 Metropolitan Crematory Alexandria, Virginia 21. Signature of Funerel Service Lican 22. Name end Address of Facility Williams Funeral Home, P.A. M00668 4270 Hawthorne Rd., Indian Head, Md. 20640 23a. Part1. Enter the formation, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or hear a line. List only one cause on each line. **Physician** Immediate Cause (Final disease or condition resulting In death) /Medical Examiner Due to (or as a consequence of) Physician/Medical Examiner ettending physician and for use es the buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last certificate be Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? P.0. the The law requires that the signed by 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24b. Wera autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy peed has 1 Yes 2FTNO 1 ☐ Yes 2 ☐ No certificate or Attending Physician: Be 25. Was case referred to medical examiner? 26. Plece of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐KER/Outpatient 3□ DOA after deeth. Director: After this 27. Manner of Death 28a. Date of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 ☐ Suicide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 3 4 Homicide within 24 hours at To the Funeral D Hospital 29e. Certifier 15 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. Medicai 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner steted. (Check only one) 29h. Signature and title of certifie 29c. License number 29d. Dete signed (Month, Dey, Year) D-08370 30. Name and address of peraon who completed cause of deeth (Item 23e) (Type, Print) Paul Pritchett, MD., 118 La Grange Avenue, P.O. Box 1317, La Plata, Maryland 20646 JUN 1 2 32. Registrar's Signature State John Stevelson Randall Registrar



State of Maryland / Department of Health and Mental Hygiene

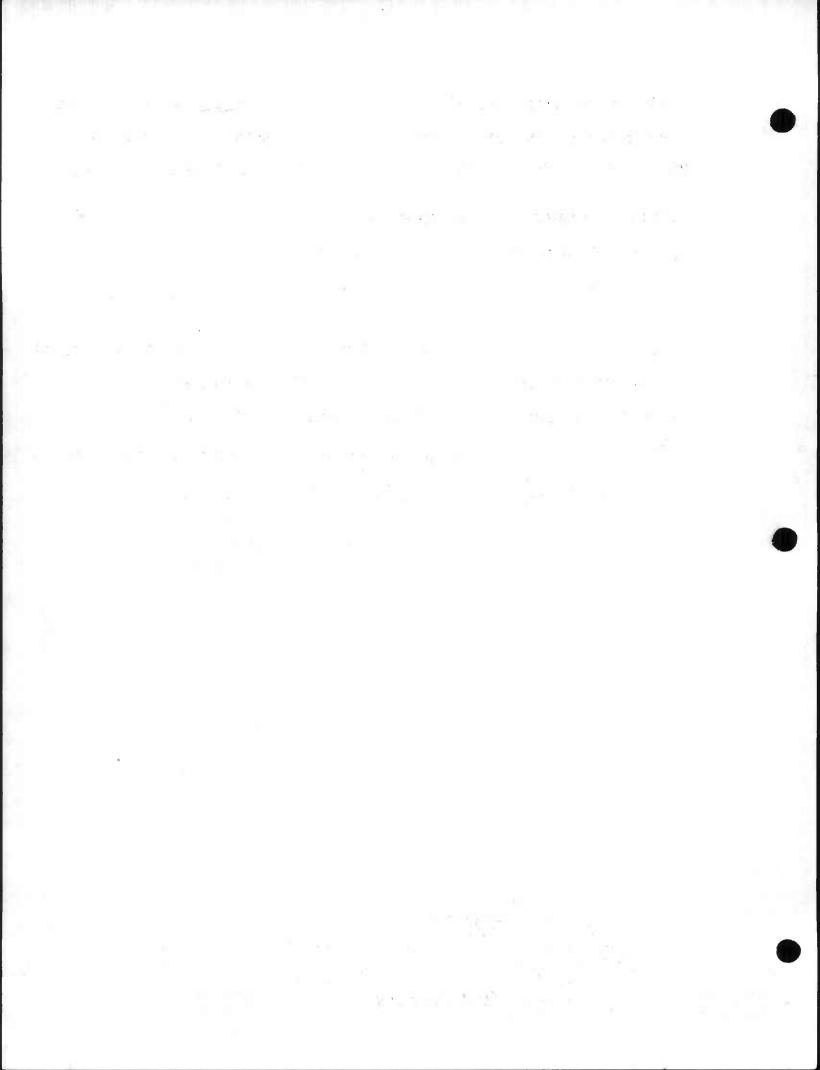
Certificate of Death 1. Decedent'a Nama (First, Middla, Last) 2. Date of Death 3. Time of Death **Physician** Dav Vaar LOUISE MICDRED X A VEVR /Medical JUNE 05 1997 09:30PM 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner BALTIMORE CITY
If Under 24 Hrs.
Hours Min.
R. Date of (Month) THE JOHNS HOPKINS HOSPITAL If Undar 1 Yaar 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 M 2 1 F Months Days Director Vrs 215-20-9752 Aug 3,1926 MARYLAND 70 Usual Residence of Dacedent the Meryland 10a State 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23s or 28a-f show treumstic event, ore Medical Examiner must be notified at 10d. Inside City Limits Director 1 ☐ Yes 2 ☑ No MARYLAND BALTIMORE **UPPERCO** 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5728 EMORY ROAD 21155 USA death Funeral 12. Was Decedent Ever in U,S. Armed Forces? 11. Maritai Status Was Dacedant of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - Amarican Indian, Black, White, atc. 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 1 Yes 2√2 No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced WHITE Completed 16a. Decedent's Usuei Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) FARMERS & MERCHANTS BOOKEELER 12 BANK 17. Father's Name (First, Middle, Last) 18. Mothar's Name (First, Middla, Maiden Sumama) LESLIE HOFF TREVA BARBER 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) H. GARFIELD WEAVER, HUSBAND 5728 EMORY ROAD, UPPERCO, MD 21155 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Date 1 Burial 2 Cremetion 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) LMORY CEMETERY 6/8 UPPERCO, MD 21. Signature of Funeral Service Licensee 22. Name and Address of Facility ELINE FUNERAL HOME 934 SOUTH MAIN ST, HAMPSTEAD, MD 21074 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or haart failure. List only one cause on each line. Approximale interval Between Onset and Death **Physician** /Medical immediate Cause (Finel CANDIAC disaasa or condition resulting in death) Examiner MILLUTUS Due to (or as a consequence of): BANDIAC RUPTON MINUTO certificate be axecuted burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last and Due to (or as a consequence of): Box 68760. physician MYOCALBIA Physician/Medical tha Due to (or as a consequence of): USB 85 P.O. I Part ii. Other significant conditions contributing to death but not resulting in the underlying cause givan in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 DY . 2 No 3 Probably 4 Unknown MISLASE Records, PV 8 Completed 24a. Was an autopsy performed? 24b. Ware autopsy findings available prior to completion of cause of death? page 2 s 2 0 No 1 ☐ Yas 2 No this cartificata 1 ☐ Yes Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this cartifica completely filled in by the tuneral director; p 25. Was case referred to medical Be 26. Place of Deeth (Check only one) 1 Yes 2 No Hospital: 1 Impatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 28a. Dete of Injury (Month, Day Year) 27. Mapner of Death 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury at Work? 5 Pending investigation Naturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide edicai 111 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner as steted.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier (Check only 29b. Signature and title of cartified 29c. Licanse number 29d. Data signed (Month, Pay, Year) 43767 ZOHUS HOPKINS Mr LOH 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) ware mo CANNOLE JEFFROM RADE BATILLOUS 600 M. 31. Date filed (Month, Day, Year) 32. Registrar's Signature State JUN 0 9 1997 Registrar



DHMH 16 Rev 6/95

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Day MARIANNE WAGNER June 08,1997 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO 5. Sociel Security Number Under 24 Hrs. If Under 1 Year 7. Age (In yrs. last birthday) **Funeral** 8. Dete of Birth (Month, Dev. Year) Birthplece (State or Foreign Country) 1 M 2 F Months Deys Hours Director 115-16-5105 72 10/09/1924 MARYLAND Usuel Residence of Decedent 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1 Yes 2 No MARYLAND SOMERSET PRINCESS ANNE 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 14491 READING FERRY ROAD 21853 U.S. Funeral Was Decedent Ever In U.S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indian. 1 Never Married 2 Married 1 ☐ Yes 2 No If Yes, Give Yeer or Detes: 1 ☐ Yes 2 No þ Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced WHITE Completed 18e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) HOUSEWIFE OWN HOME 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be GEORGE LINTHICUM OLIVE SELBY 2 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) CARL WAGNER/HUSBAND 14491 READING FERRY ROAD, PRINCESS ANNE, MD. 21853 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete Dete 1 ☐ Buriel 2 Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) SALISBURY CREMATORY 6/9/97 SALSIBURY, MD. an Funeral Service Licenses 22. Name end Address of Fecility HINMAN FUNERAL HOME MD0295 11673 SOMERSET AVENUE, PRINCESS ANNE, MD. 21853 enter the mode of dying, such as cardiac or respiratory errest, Approximate Enter the disease, or complications that caused the death. Do not en Approximete Interval Between Onset and Deeth Immediate Cause (Final diseese or condition resulting in deeth) Examiner Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that Initieted events resulting in deeth) Lest Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the causa of death? 1 Yes 2 No 3 Probably 4 Unknown þ Certification: To Be Completed

Examiner The law requires that the death cartificete be executed Division of Vital Records, P.O. Box 68760, the 6 signed to ate has bage 2 s certificate or Attending Physician: this After r death. ours efter death. heral Director: A filled in by the fo

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Department of Health and Mental Hygiene.

Physician /Medical

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		24e. Wes en autopsy performed? 24b. Were eutopsy findings aveileble prior to completion of ceuse of death? 1 Yes 2 No 1 Yes 2 No							
25. Wes case referred to medical exerniner?	26. Piece of Deeth (Check only one)								
1 Yes 2 No	Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify)								
27. Menner of Deeth 1 Neturel 5 Pending 2 Accident investigation	Mente, Dey Year) Injury Work? O Z 97 1007 M 1 Yes 2 No	Rect ow STEPS							
3 Sulcide 6 Could not be 4 Homicide	28e. Piece of Injury - At home, farm, street, fectory, office building, etc. (Specify)	281. Location (Street end Number or Rurel Route Number, City or Town, State) 1449 REDDING FEDE, Nd. Rull							
29a. Certifier (Check only one) 1 Certifying Ph	yalcian: To the best of my knowledge, deeth occurred at the time, date and place, a inner: On the basis of examination and/or investigation, in my opinion, deeth occurre and manner stated ()	and due to the cause(s) and manner as stated							

29c License number H50 447

State Registrar

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29b. Signeture and title of

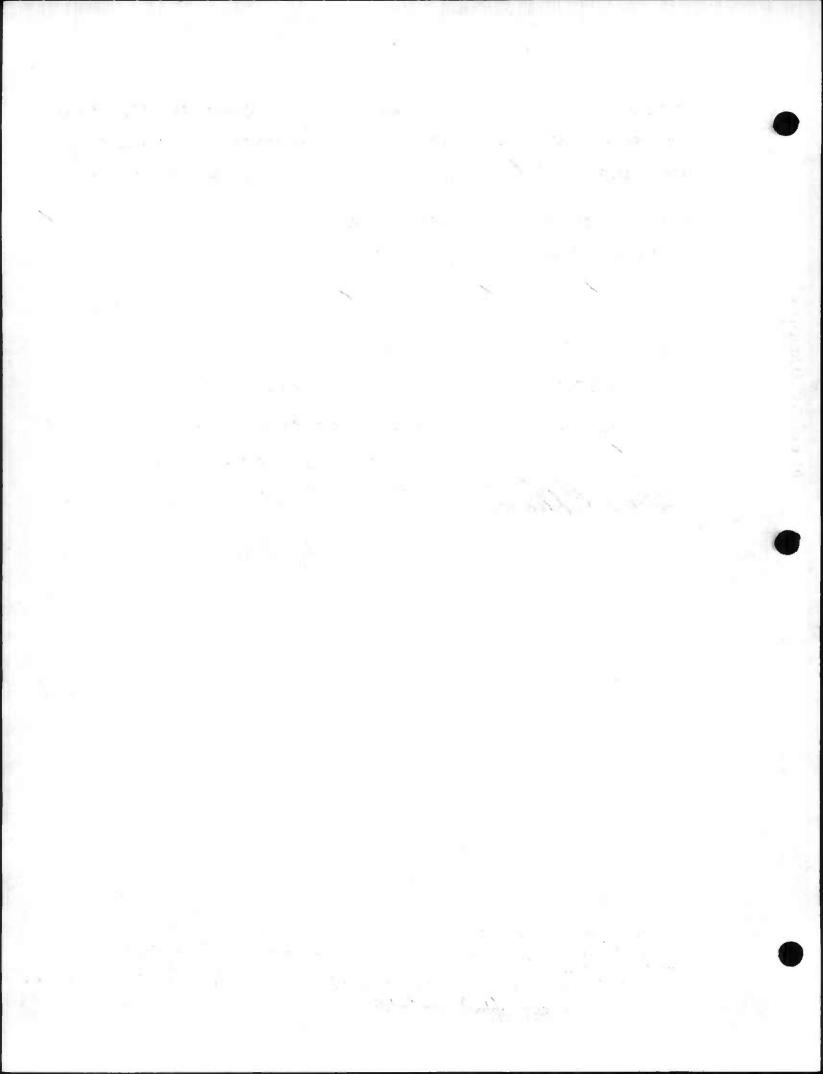
Kiverside 31. Dete filed (Month, Dey 32. Redumn's signeture

who completed ceuse of deeth

29d. Dete signed (Month, Dey, Year)

24 hours

within 24 hot To the Fune completely fi \$



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth Month Jane Bosson Young June 1997 P.M. 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth 5100 Dorset Ave. #301 Chevy Chase Montgomery 8. Date of Birth (Month, Day, Year) 9. Birthplece (Star Country) Nov. 27, 1913 Michigan 5. Sociel Security Number If Under 1 Year | If Under 24 Hrs. 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) 1 ☐ M 2 🖾 F 018-18-6557 83 Yrs. Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Chevy Chase 1⊠ Yes 2□ No Montgomery

permit. Peges 1 end 2 should be filed within 72 hours efter death with the Menyland Department of Health and Mental hygiene. Important: If Item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumetic event, the Medical Experiment must be notified at Baltimore, Maryland 21215-0020

Physician

/Medical

Examiner

10a. Stete

MD

Funeral

Director

Physician Examiner

ettending physician end for use es the bunel-transit To the Hospital or Attending Physician: The law requires that the death certificate be executed within 42 hours after deeth.

To the Funeral Director: After this certificate has been signed by the ettending physician and a completely filled in by the inneat director, page 2 should be detached for use as the buniel transit

Division of Vital Records, P.O. Box 68760,

Toe. Street end Number			101. Zip G	ode		10g. Citizen of Whet Country?			
5100 Dorset Ave. #	301		2081	5		U.S.A.			
5100 Dorset Ave. # 11. Maritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced 15. Decedent's Edu (Specify only highest grad Elementary/Secondery (0-12) 17. Fether's Neme (First, Middle, Last)	er in U,S.		Was Decedent of Hispenic Origin? (Specify Yes or N if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 ☒ No Specify:			No- 14. Rece - American Indien, Bleck, White, etc. Specify: White			
15. Decedent's Edu (Specify only highest grad	16e.	Decedent's Usuel (Occupation	vorkina	16b. Klnd of Business/Industry				
Elementary/Secondery (0-12)	For	(Give kind of work done during most of working life. DO NOT use retired) Foreign Service Officer			Government				
17. Fether's Neme (First, Middle, Last) Roy Achibald Youn	g		18. Mother's Name (First, Middle, Maiden Amy G. Bosson				me)		
19a. Informent's Name/Reletionship (Ty	vpe, Print)	19b.	19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)						
Gavin Ray Youngquist nephew 119 Bellemore Rd. Baltimore							0		
20e. Method of Disposition 20b. P 1 □ Burlel 2 □ Cremetion 3 ☒ Removel from State			Piece of Disposition (Name of emetery, cremetory or other place)			Dete 20c. Location - City or Town, State /11/97 Boston, MA			
21. Signature of Fenerel Service License	22. Name end Address of Facility Joseph Gawler's Sons, Inc. 5130 Wisconsin Avenue N.W. Washington, D.C. 20016								
	23e. Per 1. Infer the disease or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, she k or heart failure. List only one cause on each line. Approximate Intervel Between Onset and Deeth								
immediete Cause (Finel disease or condition	Cardia	c Arrh	ythmia						
resulting in deedily	Due to (or es e consequenca of):								
Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Disease or injury	b								
thet initiated events resulting in deeth) Last	Due to (or es e consequenca of):								
Pert II. Other algnificent conditions con	ntributing to death but n	not resulting In	the underlying caus	se given in Pert i.	23b. Dio	i tobacco usa co	ontribute to the	ceusa of death?	
Hypothyroidism		ive Colit		10	1 ☐ Yes 2 Ho 3 ☐ Prol		4 ☐ Unknown		
Diabetes	G.	laucom	coma			24e. Wes en autopsy performed?		24b. Were autopsy findings eveileble prior to completion of cause of deeth?	
Uterine Cancer	Ну	per che	olesterem	teremia 1□ Yes			1 🗆 Yes	2 No	
25. Wes case referred to medical exeminer? 1 Yes 2 XNo	-lospitel:	26. Place of Death (Check only one) 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify							
27. Menner of Deeth 1 Neturel 2 Accident Could not be				Injury et Work?		be how injury occurred			
3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide determined	28e. Pleca of Injury building, etc. (5	- At home, fee Specify)	rm, street, fectory, o	office	(Street and Numi own, State)	reet and Number or Rural Route Number, n, State)			
29a. Certifier 1 X Certifying Physics (Check only one)	sician: To the best of m nar: On the basis of ex- end menner steted	aminetion end	, deeth occurred et t Vor Investigetion, in	the time, dete end ple my opinion, deeth oc	ce, end due to the curred et the time	e ceuse(s) end m	enner es steted. end due to the o	euse(s)	
29b. Signeture end title of cartifier						signed (Month, Day, Year)			

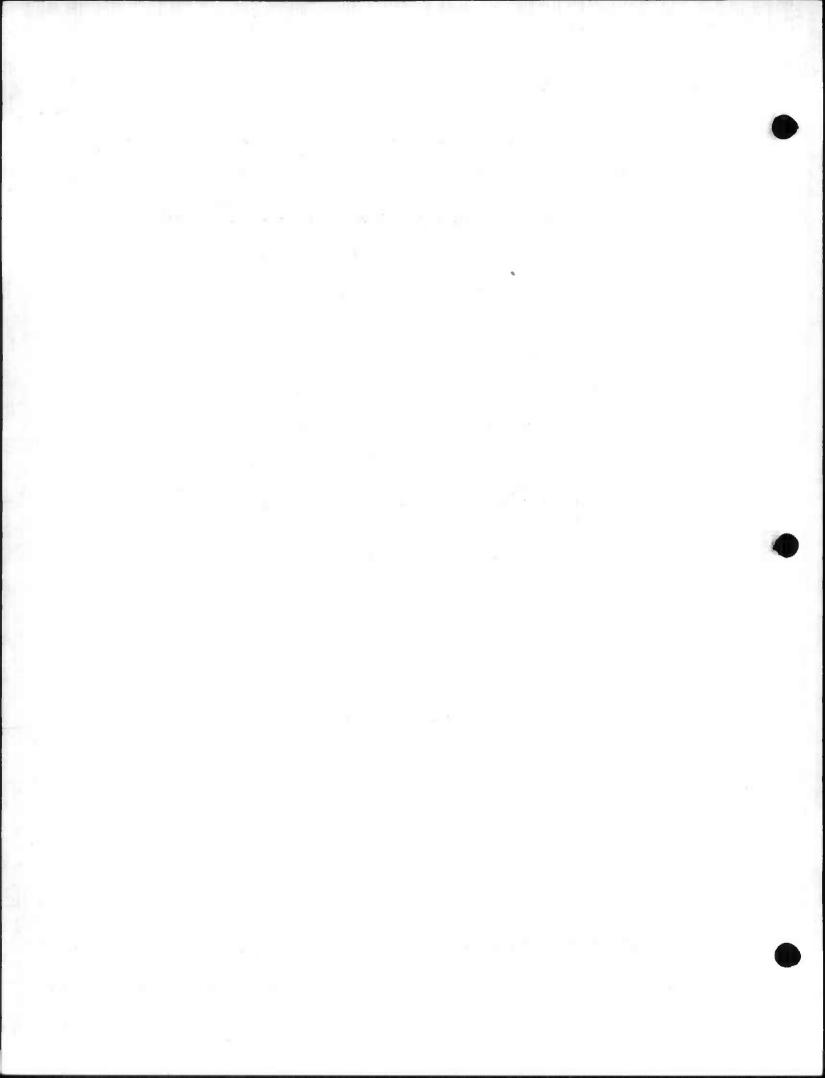
3301 New Mexico Ave. N. W. Washington, D.C. 20016

State Registrar

30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

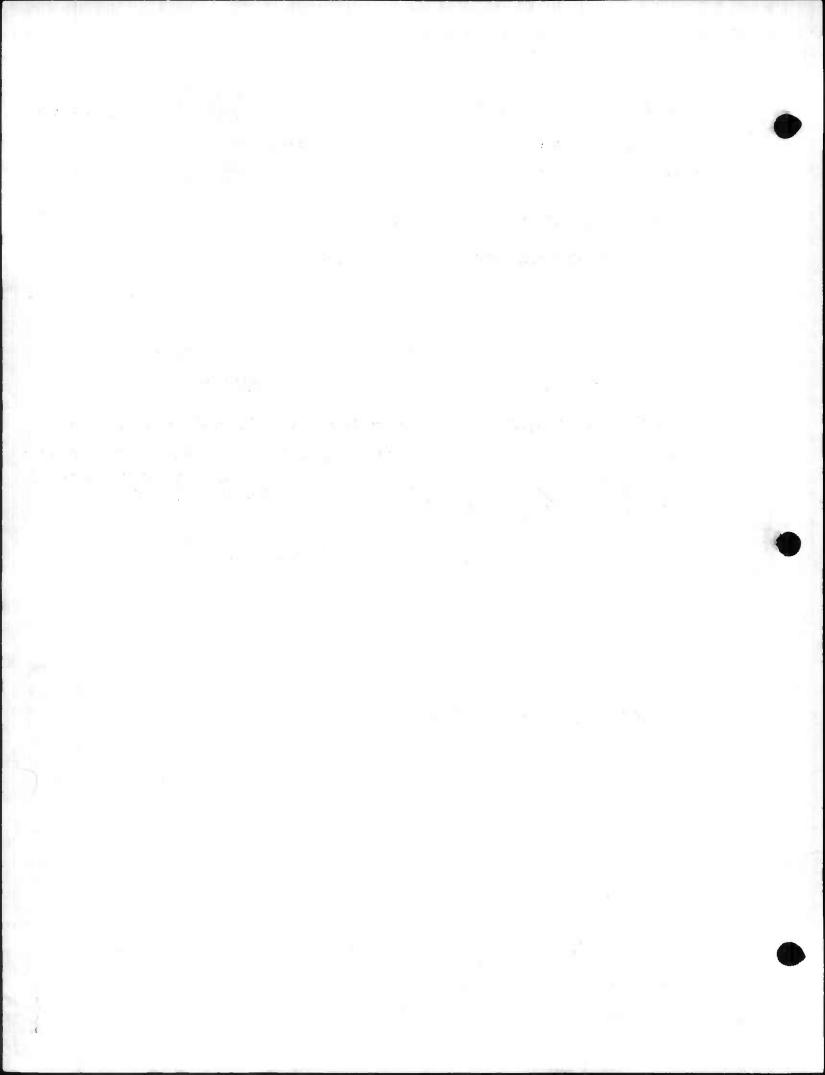
M. D.

Beth L. P. Ungar,



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

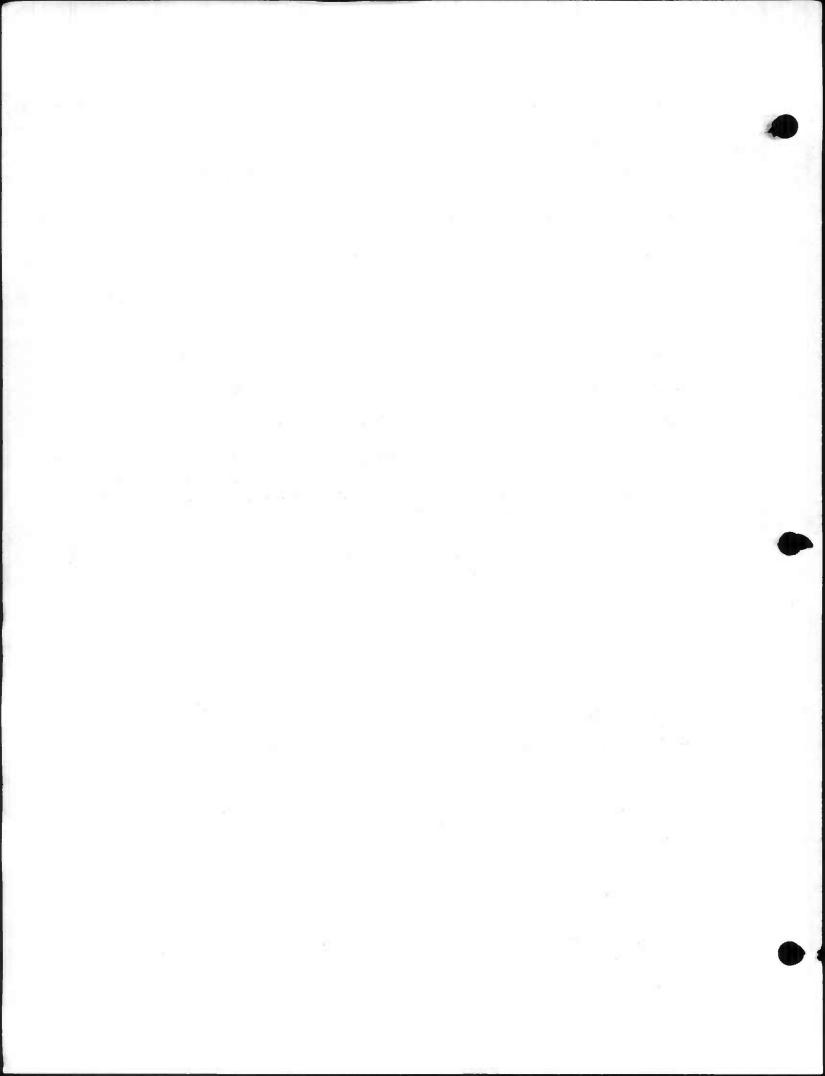
					Ce	ertificate of		R	eg. No.	7	19109
ı	Physic		Decedant's Nama (First, Middla, Last CHARLES L.	BOND	JR.			2. Data of Deat Month June	Dey	Yaer 997	3. Tima of Death
	/Medi Examii		4e. Facility Nama (If not institution, giva				4b. City, Town, or L		4c. County		_unknown
			407 BACK RIVER NE	CK ROAD			ESSEX		BAL	TIMOR	E
	Funeral Director		5. Social Sacurify Number 6. Sa 217-09-3998	x 7. Aga XM 2□ F	a (In yrs. last birthday 79 Yrs.	Months Days	If Undar 24 Hrs. Hours Min.	6. Data of Birth (Month, Dey, AUG. 7	1917	9. Birthpi	ace (State or Foreign LAND
	pue Ma		10a. Stata 10b. County		10c. City, Town or L	ocation				10	Od. Insida City Limits
	Mery First	to	MARYLAND BALTIM	ORE	ESSE	ΣX					1 □ Yas XX No
	or 28e	Director	10e. Street end Number			10f. Zip Code		1	0g. Citizen of V	What Coun	try?
	th wi	a	407 BACK RIVER	NECK ROAD		2123	21		U.S.	۹.	
	terms	Funeral	11. Marital Stetus	12. Was Dacadant E Armed Forces? 1 \(\text{Yas} \) 2 \(\text{X} \)	Evar In U,S. 13.	Was Dacedant of H If Yas, specify Cube	lispanic Origin? (Sp en, Mexican, Puerto	pecify Yas or No- Rican, atc.)		e - Amarica	
020	within 72 hours effer death with the Meryland ene. than "natural", or items 23s or 28e-f show he Mexical Exercine rount be incrined at	by F	1 Never Merried 2 Married 3X Widowad 4 Divorced	1 ☐ Yas 2)(1)X If Yas, Giva Yaar or Datas;	lo	1 □ Yas 2)(No	Specify:			BLAC	
21215-0020	natural',	bet	15. Decedani's Edu	cation	16e. Dece	edant's Usuai Occup	pation		16b. Kind of Bu	usiness/Ind	ustry
2	I within 72 ho iene. ' than "natur ' the Mesical	Completed	(Specify only highest grad Eiemantary/Secondary (0-12)	a complated) Collega (1-4or 5	+)	kind of work dona DO NOT use retired	during most of work d)	king			
7	Ti Co. be	Con	9th grade		Mair	ntenance					EN APTS
and	S d io	Be C	17. Fathar's Nama (First, Middla, Last) CHARLES BOND, SR.				18. Mother's Nam	a (First, Middla, M ILLIAMS	<i>Maidan Sum</i> am	ia)	
37	SPEE	2	19a. Informant's Name/Raiationship (Ty	roe. Print)	19b. Maii	ing Addrass (Street			City or Town	Stata Zin	Code)
Ž	and 2 alth or 27 is		Charles L. Bond,	III/Son		Sinclair					
ore,	- P E E		20a. Mathod of Disposition		20b. Placa of Disp	osition (Nama of metory or other place			20c. Location -		
Ĕ	Pages nent of ant: If the		Mariai 2 ☐ Cremation 3 ☐ F 4 ☐ Donation 5 ☐ Othar (Spacify)		HOLLY HIL	LS MEM.	GARDENS	6-26 M	IDDLE I	RIVER	, MARYLAND
Baltimore, Maryland	permit. Departr Importa any inji		21. Signature of Funeral Service Licens	1/2	2	2. Name end Addra		LLIAM C.			UNITY F/H
			Part1. Entar tha diseasa, or complishock, or heert feilura. List only or	ications that caused	the daeth. Do not an	ter tha mode of dyin					Approximata Intervai Between
90,	fifcate be axecuted x g physician end a physician end a physician end a set the burial-transit	il Examiner	Immadiata Causa (Final disassa or condition rasulting In deeth) Sequantially list conditions, if any, leading to immadiata cause. Enter Underlying Cause (Disassa or Injury that initieted events	Lyn	phocy, bua to (or as a conse		ruken	ria			
Box 68760,	that the death certificate bed by the ettending physic detached for use as the b	Physician/Medical	Cause (Disease of Injury that inflieted events rasulting in daath) Lest		Due to (or as a conse	quance of):					
0	that the de ed by the e detached t	ysic	Part II. Other significant conditions con	1		1	an in Part I.	23b. Did to	bacco use co	ntributa to	the cause of death?
0_	that the hold by a detail	by Ph	Prostate	Cancer	metas	total		1 U Y	es 2X No	3 Prob	ably 4 Unknown
Vital Records,	Deen sign	prefed b						24a. Wes e	n eutopsy ned?	ava	re autopsy tindings attable prior to appletion of cause leath?
Ä	NE	E O						1 🗆 Ya	s 2 TNo	1□	Yas 2DNo
ta	static entition	Bec	25. Wes casa rafarred to medical axaminer?				26. Placa of Daar	th (Check only on	a)		
0	Physician: this certifical director	0	1 Yas 2 No	lospitai: 1 ☐ Inpatia	nt 2 ER/Outpatie		4 Li Nursing no	oma 5 PReside	nca 6 □Oth	ar (Specify)
Division	or Attending P after deeth. Director: After t d in by the funera	Certification:	27. Manner of Death 1 Natural 5 Panding 2 Accident Invastigation 3 Suicide 6 Could not be	28a. Date of Injur (Month, Day	y Year) 28b. Tima o Injury	Wor	yet rk? Yas 2 □ No	28d. Dascribe ho	w Injury occurr	red	
DIV	To the Hospital or Att within 24 hours after d To the Funeral Direct completely filled in by:		4 Homicida determined	building, atc				26f. Location (St. City or Town	, Stata)		
	Ne Hospital	edical	29e. Cartifiar 1 Cartifying Physic (Check only one) 2 Medicat Examin	alclan: To tha best of ner: On tha basis of and manner sta	f my knowiedge, deat examination end/or ir tad.	h occurred at tha tin wastigation, in my o	na, data and placa, pinlon, daath occur	and dua to tha ce red at tha time, da	eusa(s) end ma ata end piaca,	innar as sta and dua to	atad. tha causa(s)
	To the within 2	Me	29b. Signeture and title of certifier	Libery	de D	29c. Licens			9d. Dete signed		
	IJ.		30. Neme and eddress of person who con L. WATERBURY III.	1. THBI		Print) LO Eos L	Ceon ou	e. Be	ell.	2/22	4
	Sta	ite	31. Data tiled (Month, Dey, Yeer)	39. Registra	y's Signeture	00					



State of Maryland / Department of Health and Mental Hygiene 97

97 19110

						Cer	tificate o	f Death		Reg.	No.		13110
ı	Physici	ion	1. Decedent's Name (First, Middle, Li	est)					2. Deta of Month		Dev	Veer	3. Time of Death
	/Medi		Dorothy M. Bi	anco					06	2	-1	7"	8:270.
	Examir	ner	4e. Facility Name (If not institution, gi						m, or Location of De	ath	4c. County	of Deeth	
			5561 Oregon Aven				If Undar 1 Ya	Balti ar if Under 2				timor	
L	Funeral Director		,	Sax 7. Aga 1□M 2⊠F	79	Yrs.	Months Dey		Min. 8. Deta of (Month, Jan. 1	Birth Dey, Yes	918		place (State or Foreign htry) yland
	how		10a. Stete 10b. County			Town or Loc	ation					1	0d. Inside City Limits
	e Ma	cto	Maryland Baltimo	re	Balt:	imore							1 ☐ Yes 2412 No
	23s or 28 ust be no	ral Dire	10e. Street end Number 5561 Oregon Avenu	ie			10f. Zip Code 2122				Citizen of N		•
21215-0020	permit. Pages 1 and 2 should be filled within 72 hours efter death with the Manyland Depertment of Heelth and Mertal Hygiene. Important: if Item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, it a Medical Examiner must be not field at once.	d by Funeral Director	11. Meritei Status 1 ☐ Nevar Married 3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedent I Armed Forcas? 1 Yes 2 N If Yes, Give Yeer or Datas:	2.457		Vas Decedent o Yes, specity Co ☐ Yes 2⊠ N		In? (Specify Yas or Puerto Rican, atc.)	No-	Bie	ck, Whita,	
5-	72 h netu	Completed	15. Decedent's E (Spacify only highest gr		1	16e. Deced	ent's Usuel Occ kind of work dor O NOT usa reti	upation ne during most	of working	16b	Kind of B	usiness/în	dustry
121	Pan Nithin	ldm	Elementery/Sacondery (0-12)	College (1-4or 5	+)			ired)					
	filed with Hygiene. Ither than	ပိ	8 17. Fether's Neme (First, Middle, Lasi			Hous	ewife	10 Mather	la blama /First Mid		ome		
Maryland	2 should be f end Mental H is marked of aumatic ever	To Be	Julius Dietz						s Name (First, Midd 1 Scarbou		en Sumen	10)	
	1 end 2 sh Heeith end am 27 is m other traum		19e. Informent's Name/Reletionship (Samuel J. Bianco	Type, Print)					or Aural Aoute Nur Baltimon			State, Zip	Code)
Baltimore,	permit. Pages 1 end Depertment of Heeith Important: if Itam 27 sny injury or other tr pnce.		20e. Method of Disposition 1 Buriet 2 Crametion 3 C 4 Donetion 5 Other (Special		cem	etery, crem	eition (Name of letory or other p rk Ceme		Dete 6/24/97		Location -		own, Stata Maryland
Balt	permit. Page Depertment of Important: If any inlury or once.		21. Signeture of Funerel Service Lice	S. Din	Nes		Name end Add		Loudon I				Home 1229
	_		23a. Pert1. Enter the disease, or com shock, or heert feilura. List only	plications thet caused	the deeth.	7						i	Approximete intarval Between
	Physician			_					_				Onset end Death
7	/Medical Examiner		Immediate Ceusa (Finel disease or condition	Cong	stiv	R	H-001	A F	ailur	2			3 value
н	LAMITHIE	L	resulting in deeth)		Due to (or e	s e consequ	uence of):	•					
-	pa jis	nine		b									
Ĺ	can bro can bro burial-transi	Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury		Due to (or es	s e consequ	ence of):						
8			cause. Enter Underlying Cause (Disease or Injury that initiated events	c								<u> </u>	
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0	the cy the	hys	Term. Other significant conditions (contributing to death bu	it not resulti	ng in the un	denying cause	given in Perri.	230. 0	IU IUDAC	2 No	3 Proi	the cause of death?
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Records,	requir been s should	Completed t	- Chronic	obstr	NCP.	10	lung	dis		as an au rformed		av:	are eutopsy findings allabla prior to mplation of ceuse deeth?
Be	he law e has age 2 :	E O						,	11	Yes	2 D. No		□Yas 2□ No
Vital		Bec	25. Was case referred to medical					26 Place	of Death (Check on		- Alic		3143 20110
>	5 0 0	0	axaminer? 1 ☐ Yes 2 ☐ No	Hospitel:	nt 2 ER	VOutpetient	3 DOA	Whor:			6 □Oth	er (Specif	(v)
Jou	Attending Physician: or deeth. actor: After this certific by the funeral director,	T:U	27. Menner of Death	28e. Dete of Injur (Month, Dey		Bb. Time of injury	28c. in		28d. Describ				
Ö	eeth. vr.: Afr	atic	Naturel 5 Pending Investigation	n	· oary	injuly		Yes 2 N	0				
Division	or Attendi efter deeth Director: A I in by the f	Certification	3 Sulcide 6 Could not be determined		ry - At home . (Specify)	e, farm, stre	et, fectory, offic	0		(Street Town, St		er or Rure	i Route Number,
	To the Hospital or Attending Phwithin 24 hours efter deeth. To the Funeral Director: After thi completely filled in by the funeral	edical C	(Check only 2 Medical Exar	yelclan: To the best o niner: On the bests of	f my knowle	dge, deeth	occurred et the	time, dete end	pleca, end due to the control occurred et the time	ne ceuse	(s) end me	enner es si	teted.
	the the small	Med	29b. Signature and title of tertifier	end menner sta	ted.			nsa number					Day, Yaar)
	F ≱ F 8		· Royata	- Girk				3172	6	200.	6/2	3/9	17
	3		30. Name and eddress of person who	completed cause of de	eth (Item 23	3e) (Type, P	Print)	24/	Maide.	21	ch	via.	Lane
	Sta Registr	- 1	31. Dete filed (Month, Dey, Year) JUN 2 4 1997	32. Registra	r's Signeture	e Endelle							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Dete of Deeth une 22 **Physician** 6:10PM Se /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death **Examiner** ACLSTON ALCSTO If Undar 1 Yaar If Under 24 Hrs. Hours Min. 5. Social Security Number 6. Sex 7. Age (In yrs. iest birthdey) Birthplece (State or Foreign Country) **Funeral** Data of Birth (Month, Dev. Year) Months Deys 1₽M 2□F 213-12-6080 Director 12/01/1921 Maryland Usual Residence of Decadent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show poemit. Pages 1 and 2 should be filed within 72 hours aftar death with tha Maryla poemment of Haalth and Mental Hygiena. Important: If them 27 is marked other than "natural", or items 23a or 28s-1 show any hijury or other traumatic event, the Maries Examine, must be norther as MD Harford Forest Hill Director 1 ☐ Yes 2√☐ No 10e. Street end Number 3401 Baywood Drive 10f. Zip Code 10g. Citlzen of Whet Country? 21050 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - Amaricen Indian, Black, White, atc. 11. Marital Stetus I ☐ Yas 2 ☑ No If Yes, Give Yeer or Detes: 1 Never Merried 2 XMarried 1 ☐ Yes 2 ☑ No Specify: þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Dacedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elemantary/Secondery (0-12) College (1-4or 5+) Aircraft Lithographer 17. Fether's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middle, Meiden Sumema) Be Michael Bartholomey 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Sandra Urban 1400 Brierwood Ct. Joppa, Maryland 21085 20a. Method of Disposition 20b. Placa of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 1 TrBuriel 2 Cremetion 3 Ramoval from State Holly Hill Memorial Garden 6/25/97 Baltimore, Maryland 4 ☐ Donetion 5 ☐ Othar (Specify) 22. Name and Address of Fecility The Dippel Funeral Home Inc. 21. Signetura of Funarel Service Lic 23e. Pert1. Enter the disease, or confilications that caused the death point and shock, or heart feilure. List only one cause on each line.

Do not enter the mode of dying, such as cardiac or respiratory areast. Mary 1 and 2 happroximate intervel Between onset and Deeth on the property of the configuration of the property of the configuration of the property of the configuration of th Physician Immediate Cause (Final disease or condition resulting in deeth) /Medical Examiner Examiner burial-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in deeth) Last physician s the burial 05 Physician/Medicai Dua to (or es a consequenca of) 88 for use signed by the a Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Gallery 20 No 9259 3 Probably 4 ☑ Unknown Completed by 24b. Were eutopsy findings evailable prior to completion of cause of death? 24a. Was an eutopsy performed? paga 2 should WSIA-ENOVY 1 ☐ Yes 2 ☐ No carlificate 25. Was case raferred to medical examiner? Be 26. Place of Deeth (Check only one) Other: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) 1 Yes a⊠ No Certification: To 1 Inpatient 2 □ ER/Outpetient 3 □ DOA 27. Menner of Death 28a. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28d. Dascribe how injury occurred 28b. Time of After Naturel 2 Accident 5 Pending Invastigation after death. Director: A 1 Yes 2 No 8 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 28a. Pleca of Injury - At homa, farm, street, factory, offica building, etc. (Specify) B 4 Homicide Medicai 29a. Certifier to certifying Physicien: To the best of my knowledge, deeth occurred et the time, date end pleca, and due to the ceuse(s) and manner as stated. (Check only one) 2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated.

29c. Licensa numbe

29d. Date signed (Month, Dey, Year)

23.

State Registra

31. Data filad (Month, Dey, Year) JUN 2 4 1997

29b. Signeture and title of cartifier

32 Registrar's Signeture whia Davidson

ted cause of death (Item 23a) (Type, Print)

tha Maryland

3altimore, Maryland 21215-0020

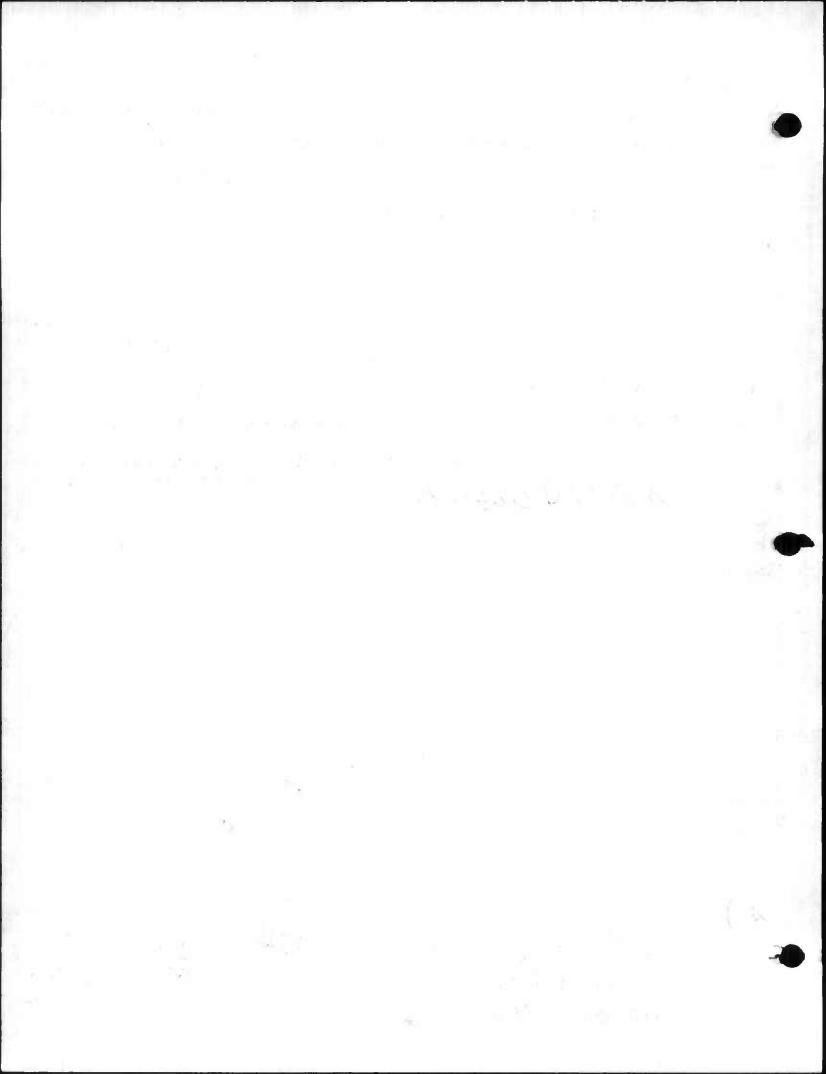
Bartholome

The law requires that the

mis

Records,

Division of Vital



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Dev Year BURRILL 7: 20AM 1947 20 JUNE 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Stella Maris Hospice Towson Baltimore If Under 1 Yeer If Under 24 Hrs.
Months Deys Hours Min. 5. Sociel Security Number 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Dey, Birthplece (State or Foreign Country) 1 □ M 2 🛛 F Yrs 219-12-9817 Jan. 25, 1925 Virginia Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Var 2 □ No Maryland N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 4707 Luerssen Avenue 21206 United States 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indian, Black, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Detes: 1 ☐ Yes 2 ☑ No Specify: White 3X Widowed 4 □ Divorced 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 4 Paralegal Legal 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Saunders Ot.is Mamie Nash 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Melissa Harvey 426 Amelanchier Court Daughter Bel Air, MD 21015 20b. Plece of Disposition (Name of cametery, cremetory or other piece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ☐ Buriel 2 X Cremetion 3 ☐ Removel from Stete 4 ☐ Donation 5 ☐ Other (Specify) Hilltop Service Corporation 6/21/97 Towson, Maryland 22. Name end Address of Fecility eonard J. Ruck, Inc. Funeral Home 5305 Harford Road Baltimore, MD 21214 Part . Enter the disease or complications hat caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. The only one cause on each line. Approximete Intervel Between Onset end Deeth Immediate Cause (Final disease or condition resulting in deeth)

Physician /Medical Examiner

ed by the attending physician and detached for use as the bunel-transit

been signed by t should be detact

certificate

After this

death

efter death in by the

To the Funeral D completely filled

Completed by

Be

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edical Certification:

Hospital or Attending Physician: The law requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760.

Department of Health ar important: If Item 27 is any injury or other trau

Physician

/Medical

Examiner

Director

Funeral

þ

Completed

Be

10e State

Funeral

Director

7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner man be notified at

Pages 1 and 2 should be filed within 72 hours after or nent of Health and Mental Hygiene. nnt: If Hem 27 is marked other than "natural", or ite

Baltimore, Maryland 21215-0020

death with the Maryland

Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Lest Physician/Medical

Due to (or as a consenue

Pert II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Noknown 24b. Were eutopsy findings evelleble prior to completion of ceuse of death? 24a. Wes en eutopsy performed? 1 Yes 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminer? 28. Piece of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 NOther (Specify) HOSPICE 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28a. Dete of fnjury (Month, Dey Year) Menner of Deeth 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? Neturel 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ SuicIde 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide

Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) 29c. License number 29d. Dete signed (Month, Dey, Year)

29b. Signature end title of certifier

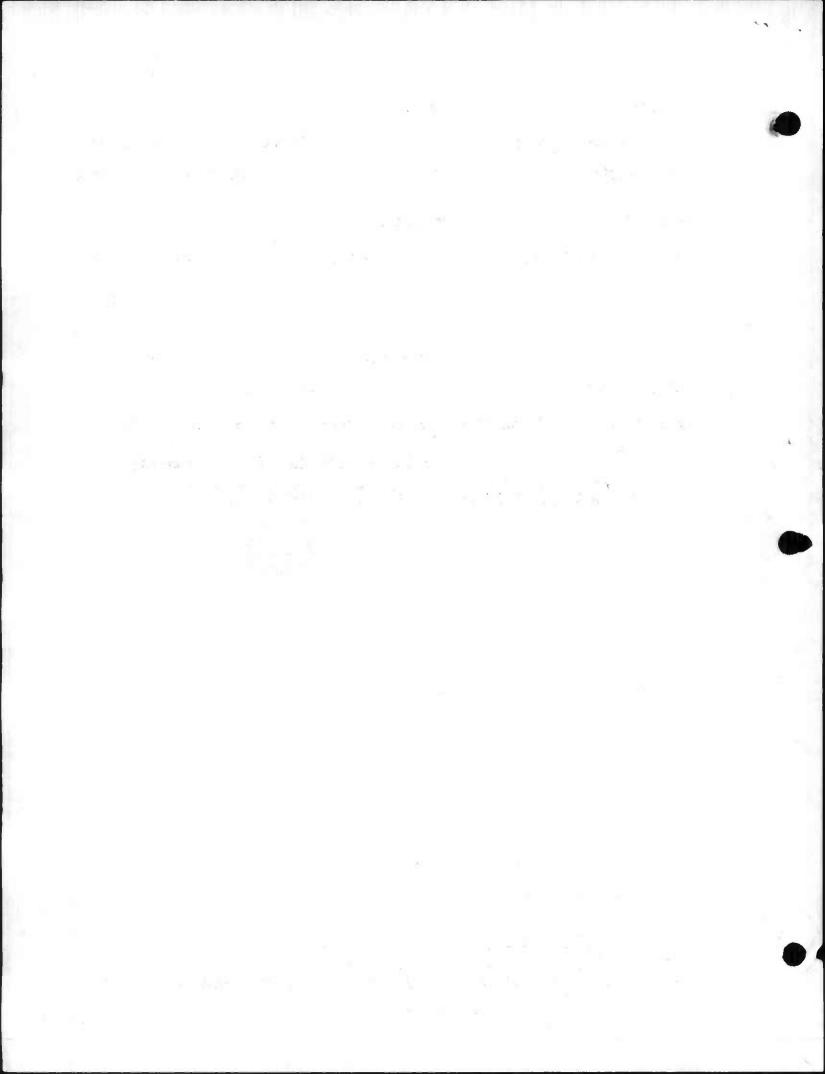
31. Dete filed (Month, Dey, Year)

2 4 1997

30. Name end eddress of person Mo complet m 23a) (Type Print) SHIRLEY THOMPSON-RICHARDS 2300 DULANEY VALLEY RD. TIMONIUM, MD 21093

State Registrar

32 Begintrar's Simpature



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

2. Date of Deeth

1 (1	10
- 1	-5	4
1 -	1	4.7

3. Time of Death

8:35 am

10d. Inside City Limits

Approximate interval Between Onset and Death

6 suenth.

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29d. Dete signed (Month, Day, Year)

1 ☐ Yes 2 No

Funeral Director 28a-f show the Medical Examiner must be notified at ö natural', or items 23a filed within 72 hours after Hygiene.

1. Decedent's Name (First, Middle, Last)

Baltimore, Maryland 21215-0020 permit. Pages 1 and 2 should be filed wit Department of Health and Mental hygiene Important: If item 27 is marked other tha any fulury or other traumatic event, the 1 once. Be **Physician** /Medical Examiner Examiner P.O. Box 68760. 8 Physician/Medical 2 Vital Records, à Completed The law page 2 Be To Division of 報 Certification: Atter Attending death il or Attend if the death Director: in by Hospital M hours Medical JA Subjection To the State

Physician Month Day George B. Birtcher June 21, /Medical 4e. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** 944 Arncliffe Rd. Essex Baltimore 5. Sociel Security Number If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthdey) Birthplace (State or Foreign Country) 1₩ M 2□ F Hours 231-22-6794 72 Yrs. Oct 12, 1924 West Virginia Usual Residence of Decedent 10a State 10h County 10c. City, Town or Location Maryland Baltimore Essex Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 944 Arncliffe Rd. 21221 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 Ø Yes 2 □ No If Yes, Give Year or Detes:1943/46 Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 11 Marital Status 1 Never Married 211 Married 1 ☐ Yes 2 ➡ No Specify: Specify: White p 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Bricklayer Constuction 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) James G. Birtcher Emma G. Kernan 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Helen Birtcher 944 Arncliffe Rd. Baltimore, Md. 21221 20a, Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 ▼Burial 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) Holly Hill Mem. Gardens 6/24/1997 Baltimore Co. Md. 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Bruzdzinski Funeral Home P.A. 1407 Old Eastern Avenue Essex, Md.21221 Inter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) Sudden death Carohid errea Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last Die to (or as a consequence of) oliseroler : zure Due to (or as a consequence of) Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probabty 4 Unknown 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was an eutopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA 27. Manner of Death 28a. Date of injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred

1 Yes 2 No

DO 2022

1 Certifying Physician: To the best of my knowledge, death occurred et the time, date end placa, and due to the cause(s) end manner as stated.
2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date end placa, and due to the cause(s) end manner stated.

29c. License number

LEO polala 31. Date filed (Month, Day, Year)

29b. Signature and title of certifier

1 Netural

2 Accident

4 ☐ Homicide

(Check only one)

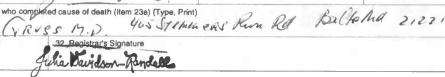
3 Suicide

29a, Certifier

IIIN 2 4 1997

5 Pending investigation

8 Could not be determined

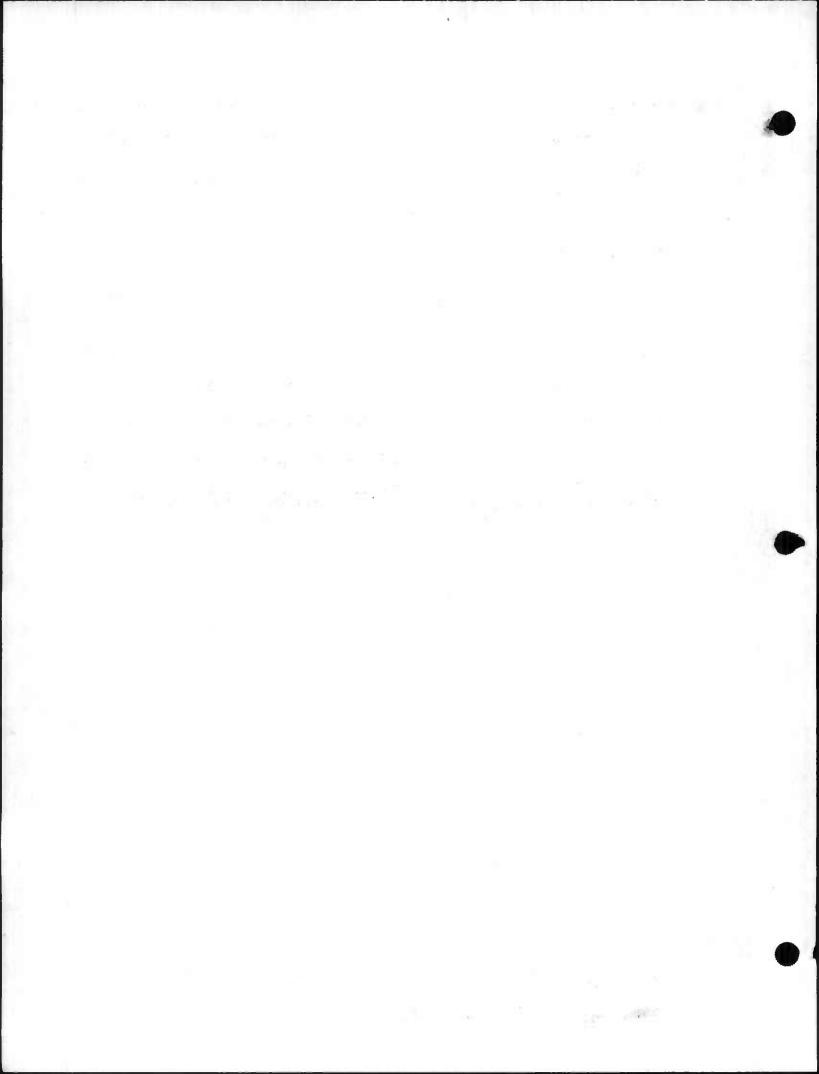


30. Name and address of person who completed cause of death (item 23a) (Type, Print)

2ms M.D

28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month ALE CHAMBERS 12:36 pm 16 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death 104 Nob Hill Park Drive Baltimore Reisterstown | Houser 1 Year | Houser 24 Hrs. | 8. Dete of Birth (Month, Dey., Year) | Min. | May 6, 1957 5. Sociel Security Number 9. Birthplece (State or Foreign Country) Balto. Md. 7. Age (In yrs. lest birthdey) 10 M 2□ F 40 215-50-9995 Yrs Usuei Residence of Decedent 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore Md. Reisterstown 1 Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 104 Nob Hill Park Drive USA 21136 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ② No If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Reca - American Indien, Bleck, White, etc. 1 Never Married 2 Merried 1 ☐ Yes 2 ☐XNo Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorcad Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Yrs College Owner Strouse Corp. Adhesive Mfg. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Melvin W. Chambers Bette Eklof 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 104 Nob. Hill Park Drive Reisterstown, Md. 21136 Mrs. Susan B. Chambers (Wife) 20b. Placa of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Nuriel 2 Cremation 3 Removel from State All Saints Cemetery 6/20/97 Reisterstown, Md. 2113 4 ☐ Donetion 5 ☐ Other (Specify) ire of Funeral Service Licensee 22. Neme end Address of Facility 11824 Reisterstown Road ELINE FUNERAL HOME Reisterstown, Md. 21136 ams ine 234. Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, mock, or heart failure. List only one cause on each line. Approximete Interval Between Onset end Deeth mediate Cause (Final CARDIO PULMONAR disease or condition resulting in death) Due to (or es e consequence of) ٤ EaRS Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did lobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24e. Wes en autopsy performed? 24b. Were autopsy findings eveilable prior to completion of cause of death? 1 Yes 2 PNo 1 Yes 2 No 25. Was case referred to medical 26. Place of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 27. Mannge of Death 28a. Dete of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work?

pug physician a the buris certificate # Bulb atter ò ã signed to

ician/Medical Be 2 Certification:

page 2 certificate After this death. i or Attend after death Director: To the Hospital o within 24 hours at To the Funeral Di Medical

Division of Vital Records, P.O. Box 68760

Physician

/Medical

Examiner

Director

Funeral

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Completed

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2

Funeral

Director

r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

Baltimore, Maryland 21215-0020

permit. Pages 1 and 2 should be filed within Department of Health and Mental hygiene. Important: If Item 27 is marked other than '

b

Physician /Medical

Examiner

Phys þ Completed

1 Swatural

2 Accident

4 Homicide

3 Suicide

29a, Certifler

State Registrar

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and pieca, and due to the cause(s) end menner stated.

5 ☐ Pending investigation

6 Could not be

29b. Signature and title of certifier

28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

29c. License number

BRB

1 Yes 2 No

29d. Dete signed (Month, Day, Year)

Rm 9-047, Baltimoes

281. Location (Street end Number or Rural Route Number, City or Town, Stete)

30. Name and address of person who completed ceuse of deeth (Item 23a) (Type, Print) 6

4LTIMORE 32. Registrer's Signeture

31. Dete filed (Month, Dey, Year) The Davidson-Randell JUN 2 4 1997

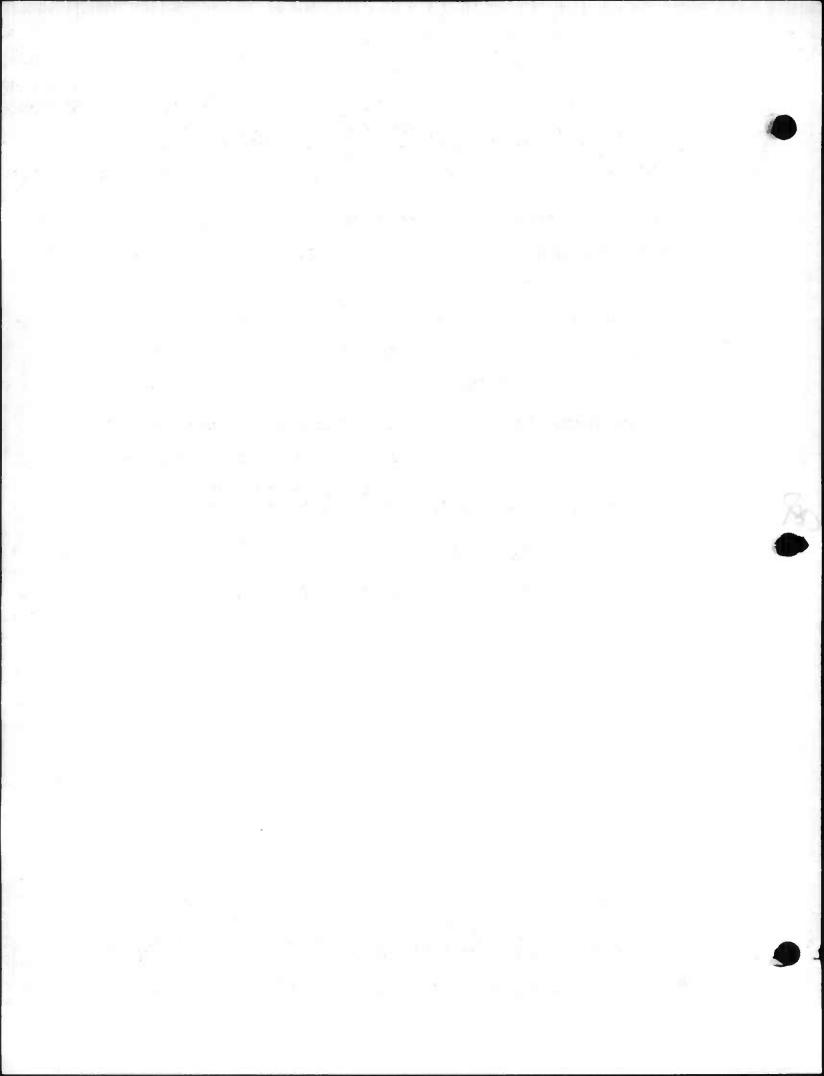
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State of Maryland / Department of Health and Mental Hygiene

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	Funeral Director			1□M 2ਊF 99		Yrs. Months Days	Hours Min.	8. Dete of Birth (Month, Day MAR • 15	, 1898	Coun RI	lece (State or Foreign try) USSIA
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	the Marylar 28a-f show	ctor	MD BALT	IMORE		BALTIMORE					1 ☐ Yes 2 ☐ No
	with the	Funeral Director	10e. Street end Number 725 MT. WILSON LA	NF:		10f. Zip Code	.208		10g. Citizen of V		try?
	seath w	eral	11. Meritel Stetus	12. Was Decedent Ever in	0.11.0			noife Vac or No	USA	e - Americ	an Indian
5-0020	72 hours after death with the Maryland natural", or items 23a or 28a-f show dical Examiner must be notified at	by	1 Never Married 2 Married Widowed 4 Divorced	Armed Forces? 1 Yes, Give Yeer or Detes:	0,3.	13. Wes Decadent of H It Yes, specify Cube 1 ☐ Yes 2 ☐, No	Specify:	Rican, etc.)	Blac Specify	k, White,	
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	eith a		MIRIAM HIMMELSTEI	N (DAUG.)		6212 WOODCRE	ST AVE.	BALT	MD., MD	2120)9
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Baltimore,	permit. Pages 1 end 2 should be filed withir Depertment of Heelth and Mental Hygiene. Important: If Item 27 Is marked other than any injury or other traumatic event, tra Meone.		21. Signature of Fimeral Service Lice	nsee // C/		22. Neme end Addres		TNO			
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of	this aldi	٠ <u>۲</u>	1 Yes 2 No 27 Manner of Death		ER/Ou		4 Nursing Hor)
O	D 0 0	Certification:	1 Naturel 5 Pending 2 Accident investigation	28e. Dete of Injury (Month, Dey Year) 200.	Firme ot 28c. Injury Worl	k? Yes 2 □ No	Zou. Describe n	ow Injury occurr	ea	
/S	of or Attending after death. Director: Atter d in by the fune	fica	3 Suicide 6 Could not b		t home, fa	rm, street, tectory, office		28f. Location (S	Street end Numb	er or Rura	l Route Number,
á	s afte	Sert	4 Homicide	building, etc. (Spe	ecify)	•		City or Tow	n, State)		
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	5		30. Name and address of person who	completed cause of death (I	tem 23a) ((Type, Print)	^	(-	> _ '		. /.
			31. Date filed (Month, Dev. Year)	DN NO.	10	DO 01	o Com	JAN E	SWIE	300	350
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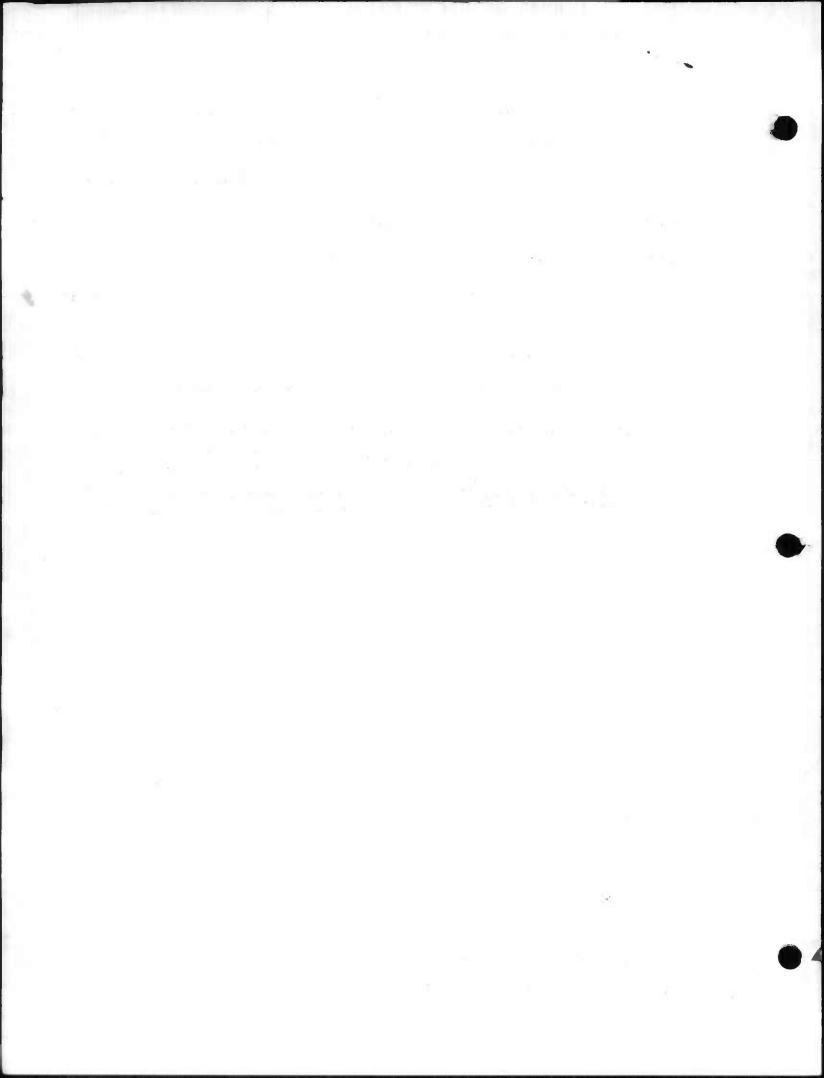


State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** June 23, 1997 Ida Helen LaMarr Clabaugh 6:00AM /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 16-D Stag Horn Court COCKEYSVILLE BALTIMORE If Under 1 Year If Under 24 Hrs.

Months Deys Hours Min. 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Months Deys 1 □ M 2 □ XF 219 16 5821 88 Yrs Director Feb.18,1909 MARYLAND Usuel Residence of Decedent with the Maryland 10b. County show 10c. City. Town or Location r 28a-f show 10d. Inside City Limits 1 ☐ Yes 2 ☐ No Director MARYLAND COCKEYSVILLE 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ir than "natural", or items 23a or 16-D Stag Horn Court 21030 USA Funeral Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. filed within 72 hours efter Hygiene. 1 Never Married 2 Married ☐ Yes 2 ☐Xoo f Yes, Give Baltimore, Maryland 21215-0020 WHITE 1 ☐ Yes 2 ☐ No Specify: Specify. þ 3 □Widowed 4 □ Divorced Year or Dates: Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filed v Depertment of Health and Mental Hygier Important: If Item 27 is marked other th any Injury or other treumatic event, Ital once. 12 n/a Operator Telephone Company 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) Be Richard Franklin LaMarr Mary Catherine Wingate To 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 708 Eden Farms Circle, Westminster, MD 21157 Charles R. Clabaugh 20a. Method of Disposition 20b. Pleca of Disposition (Neme of cemetery, crematory or other place) Dete 20c. Location - City or Town, Stete 25 June 1 Burial 2 Cremetion 3 Removel from Stete Woodlawn Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 1997 Woodlawn, MD 21. Signeture of Funeral Service Licensee 22. Name and Address of Fecility Victor Lengrand, Jr. Lemmon Funeral Home of Dulaney Valley, Inc. 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. **Physician** Immediete Ceuse (Finel diseese or condition resulting in deeth) /Medical Examiner Due to (or es e consequenca of): Examiner certificate be axecuted as the bunel-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in deeth) Lest and Due to (or es e consequença of): Box 68760. the attending physicien Physician/Medical Due to (or es a consequence of) 189 Po P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of deeth? 2 1 Yes 2 No 3 Probably 4 Nuknown Vital Records. by The law requires 24b. Were autopsy findings evelleble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? page 2 should Completed has 1 ☐ Yes 2 No 1 Tyes 2 No certificate Be 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) No Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 10 1 ☐ Yes 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28a. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred Medical Certification: 28c. Injury et Work? Neturel 5 Pending investigetion 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) Placa of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 Homicide 24 hours 29a. Certifier Certifying Phyelcien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. To the Within 2 29b. Signature and title of certifie 29d. Dete signed (Month, Dey, Year) 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) Dr. Harvey S. Mishner, 2300 York Rd., Baltimore, MD 2.32. Registrar's Signature

Registrar **DHMH 16 Rev 6/95**

State



				e or M	aryıan		rtment of tificate of				Reg. No.	7 1	9117	
Physici	an	Decedent's Neme (First, Midd Yong Mun Chung								2. Dete of Do Month	Day	Year	3. Time of Death	
/Medic Examin		4e. Facility Name (If not institute		nd number)				4b. City. To		June 2 cation of Deel		of Deeth	10:241	7
Examili	iei	1056 6th Stree		,					Burn			Arund	lel	
Funeral Director		5. Social Security Number 215-02-7271	6. Sex 1[XM 2[2	e (In yrs. I 67	ast birthdey). Yrs.	If Under 1 Year Months Days		Min.	8. Dete of Bi (Month, D		9. Birthple Countr	ace (State or Foreign ry) ch Korea	
and **		Usuel Residence of Decedent 10a. Stete 10b. Count	,		10c. City	, Town or Lo	cation					10	d. Inside City Limits	_
Manyla Faho	tor		Arundel			Burni							1 ☐ Yes 2 ☑ No	
n with the 3a or 28a	al Director	10e. Street and Number 1056 6th Stree	t				10f. Zip Code 21060				10g. Citizen of 1 South Ko		y?	0
Baltimore, Maryland 21215-0020 permit. Paper 1 and 2 should be filled within 72 hours effer death with the Maryland Department of Health and Mental hygiene. Important if file me 27 is merked other than "naturer," or frems 23s or 28s-4 show any injury or other traumatic event, the Medical Examiner must be notified at goods.	by Funeral	11. Merital Status 1 Never Married 2 Ma 3 Widowed 4 Divorce	Arme	Decedent ed Forces? Yes 20 I s, Give or Detes:			Vas Decedent of Yes, specify Cul			ocify Yes or No Rican, etc.)	14. Rac Biel Specifi	ce - America ck, White, el		
Baltimore, Maryland 21215-0020 semit. Paper 1 and 2 should be filed within 72 hours eft parament of Health and Mental Hygiens. present if I fem 27 is marked other than "patural", or my injury or other traumatic event, the Medical Examples.	Be Completed	15. Decede (Specify only higher Elementary/Secondary (0-12) 12	T	efed) ege (1-4or 5	5+)	16a. Deced (Give life. D Mechar	ent's Usuel Occu kind of work done OO NOT use retin	petion during mos ed)	st of worki	ng	16b. Kind of B			
/land uld be filex //ental Hyg rked othe	To Be C	17. Fether's Neme (First, Middle Won Sik Chung	Last)		,				er's Neme		, Meiden Sumen	10)		
Pary 2 sho and h		19e. Informent's Neme/Reletion	ship (Type, Print)		19b. Meilin	g Address (Stree	et end Numb	er or Rura	l Route Numb	er, City or Town,	Stete, Zip (Code)	
e, N I and Health m 27 ther tr		Henry Chung/Sc 20a, Method of Disposition	n		005 0			eet,	Glen		, MD 210			
Limor Papes tment of its		1 ☑ Buriei 2 ☐ Cremetion 4 ☐ Donation 5 ☐ Other (5	Specify)	from State	CE	emetery, crem cemont	sition (Neme of letory or other plane) Mem. Ga	rdens	1			nville	m, Stele e, Marylan	ıd
Departiment any in		21. Signature of Funeral Service	bar	gD							ome, P.A n Burnie		21061	
Physician /Medical Examiner	J.	23e. Peft1. Enter the disease, o shock, or heart feilure. Lis Immediate Cause (Finel disease or condition resulting in deeth)	e	on each li	fom		Ca			ir respiretory (orrest,	1	Approximate Interval Between Onset and Deeth	
5876(icete be physicia s the bur	in/Medical Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest	b c			es e consequ as a consequ								
O. B. ne deeth the atternate for	sicia	Pert II. Other significant conditi	ons contributing	to death b	ut not resu	Ilting in the un	derlying cause g	iven In Pert	I.	23b. Dld	tobacco use co	ntribute to	the cause of death?	_
	by Physician/M									10	Yes 22No	3 Probe	ably 4 Unknow	1
Records,	Completed										an autopsy ormed?	aval	re autopsy findings lieble prior to apletion of cause eeth?	
										112	Yes 2⊠No	10	Yes 2□ No	
of Vital Physician: The this certificate and director, page	Be	25. Wes case referred to medical examiner?	Hospital				_ 0	har:		(Check only				
Vision of Attending Physic death. Sector: After this by the funeral di	ation: To	1 Yes 2 XNo 27. Menner of Deeth 1 XNetural 5 Pendi 2 Accident Invest	28e. [1 ☐ Inpatie Dete of Injui Month, Dej		ER/Outpetient 28b. Time of Injury	28c. Inju	4 🗆 14	2		idence 6 Doth how Injury occur			
Attended in by the	Certification:	3 ☐ Suicide 6 ☐ Could 4 ☐ Homicide determ	not be nined 28e. F	Place of Injuding, etc	ury - At ho	me, farm, stre	et, fectory, office		2	28f. Location City or To	(Street and Numb wn, State)	er or Rural	Route Number,	
DIA	edicai	29e. Certifier 1 Certifyi (Check only one) 1 Medical	Examiner: On the	the best of the basis of manner sta	examinet	vledge, deeth lon and/or inv	occurred et the t estigetion, in my	ime, dete er opinion, dee	nd piece, e	and due to the	cause(s) and me dete end place,	unner as ste and due to t	ted. the cause(s)	
To the complete complete	2	29b. Signature and title of certifie	9	71	9	n m	29c. Licen	D23	1657		29d. Date signe June 23			
3		30. Name and address of person Yeong H. Oh, M					,	urnie	, Mar	yland	21061			
Sta Registra		31. Dete filed (Month, Dey, Year, JUN 2 4	1997	32. Registra	ars Signat	lear-Ris	delle							

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth **Physician** Month Veer June 21, 1997 COGELIA 12:19 pm /Medical 4a. Facility Nema (If not institution, giva street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Franklin Square Hospital Center 5. Social Security Number 6. Sex 7. Age (In vrs. Rosedale Baltimore If Undar 1 Yaar 7. Age (In yrs. lest birthdey) 9. Birthpieca (Stete or Foreign **Funeral** M 2□ F Months Days Hours 218-26-2570 65 MARYTand Director Yrs. Usual Rasidence of Decedent death with the Marylend 10e Stele 10b. County 10c. City, Town or Location 10d, Inside City Limits 28a-f show items 23s or 28s-f show Director Md. Baltimore White MArsh 1 ☐ Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 11131 Bird River Grove Road 21162 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 □ Xres 2 □ No If Yes, Give Year or Datas: Was Decedent of Hispenic Origin? (Specify Yes or No. If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. the Medical Examiner Peges 1 and 2 should be filed within 72 hours efter or nent of Health and Mental Hygiene. Int: If Item 27 is marked other than "natural", or ite 1 ☐ Never Merried 2 TXMarried 21215-0020 1 Yes 2 No Specify: þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion 16b. Kind of Business/Industry (Give kind of work dona during most of working life. DO NOT use retired) i Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) General Motors Salary Personnal 1yr traumatic event. Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Nama (First, Middle, Maidan Surnama) Be Jacob Cogelia Emma Tucek 19e. Informant's Neme/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Department of Health el Important: If Item 27 is any Injury or other trau Mildred Cogelia /wife 11131 Bird River Grove Road WhiteMArsh Md.21162 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Mathod of Disposition 20c. Location - City or Town, State 1 XBurial 2 Cremetion 3 Removel from Stete 6/25/97 4 ☐ Donation 5 ☐ Other (Specify) Oak Lawn Cemetery Baltimore 21. Signature of Funeral Service Licenses 22. Name end Addrass of Fecility Connelly Funeral Home of Essex ideations that caused the death or not enter the mode of dying, such as cardiac or respiratory errest. Approximete Intervel Betw Onset end Deeth **Physician** Immediate Ceuse (Finel diseesa or condition resulting in death) /Medical 17 days **Examiner** e Respitory Failure Due to (or es e consequence of): Sepsis law requires that the death certificate be executed Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that Initieted avents resulting in death) Lesf pue Due to (or as e consequenca of): ecords, P.O. Box 68760, physician Physician/Medical Due to (or as a consequence of): Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown End Stage Renal Disease, Hypertension þ 2 should be 24b. Were autopsy findings availabla prior fo completion of cause of deeth? Be Completed 24e. Wes en eutopsy performed? peen Upper Gastrointestinal Bleeding 2 M No Atrial Fibrillation 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical examiner? 26. Piece of Death (Check only one) Othar: 4 Nursing Homa 5 Rasidence 6 Other (Specify) Certification: To 1 ☐ Yes 2 No 1 Inpatient 2 □ ER/Outpetient 3 □ DOA 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 27. Manner of Deeth 28d. Describe how injury occurred 28b. Time of i or Attending setter death. Division 1 Neturel 5 Pending investigetion 1 ☐ Yes 2 ☐ No 2 Accident filled in by the 6 Could not be determined 3 Suicida 28e. Plece of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 - Homicide To the Hospital ovithin 24 hours e Medical 29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end manner as steted. 2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) end menner stated. 29c. Licensa number 29d. Date signed (Month, Dey, Yeer) M.D. RD02129 20 30. Neme end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print) 9000 Franklin Square Drive Baltimore Maryland 21237 Harsh Bhushan M.D. 31. Dete filed (Month, Dey, Yeer) State 2 4 1997 Registrar

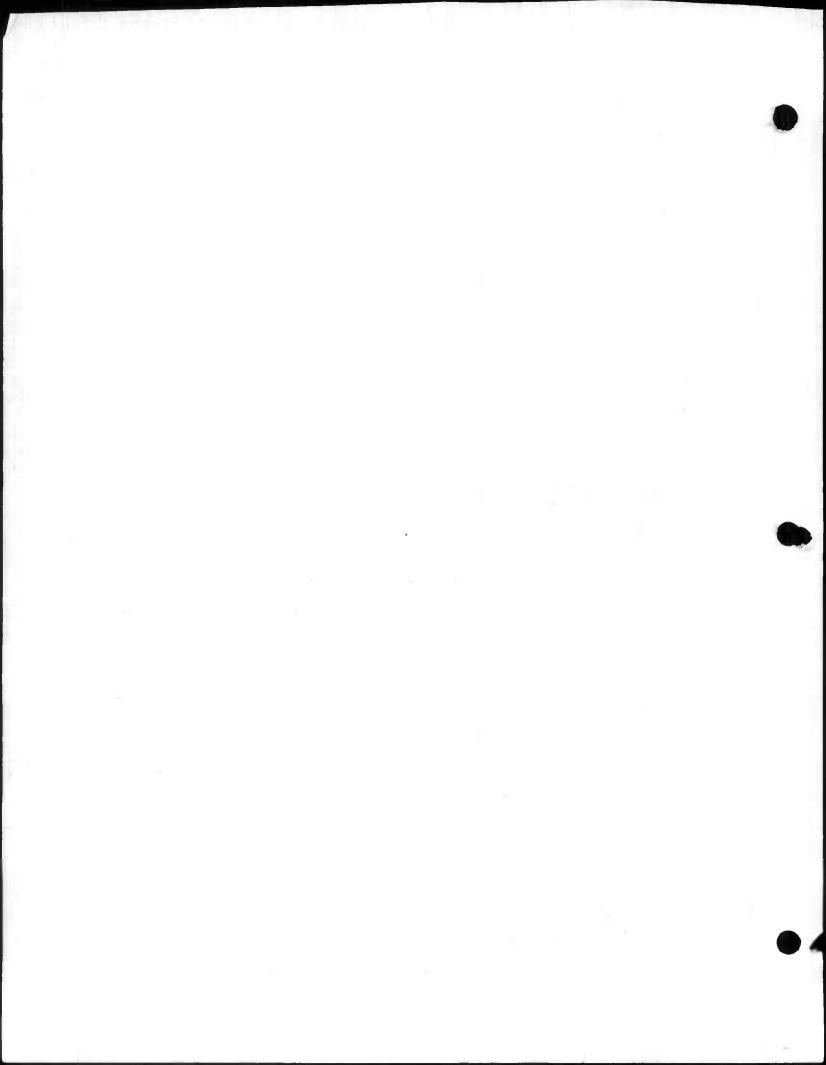
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Physician Month JUNE 9:45 AM TRMA COAKLEY 1997 /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner BALTIMORE SINAL If Under 1 Year If Under 24 Hrs. 8. Date of Birth
Months Deys Hours Min. (Month, Dey, Year)
2 -2 - [9[0] 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) **Funeral** Birthplece (Stete or Foreign Country) 1 M 2 KF 218-48-0456 Director Usuel Residence of Decedent with the Marylend 10e. Stete 10b. County permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylen Department of Heelth and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-1 show any Injury or other traumatic event, the Medical Examiner must be notified at 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Director Baltimore Md 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? Strathmore U. S.A 21215 Funeral 12. Was Decedent Ever in U,S. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 11. Maritel Stetus 14. Rece - American Indian. Armed Forces?

1 Yes 2 No
If Yas, Give
Year or Detes: Black, White, etc. 1 Never Merried 2 Married 1□ Yes 2No Specify P Specify: 3 Widowed 4 □ Divorced Black Completed 15. Decedent's Education 16e. Decedant's Usuel Occupation 16b. Kind of Business/Industry (Specify only highest grade completed) (Give kind of work done during most of working life. DO NOT use ratired) Elamantary/Secondery (0-12) College (1-4or 5+) Daltimore City 124 feteria NA 17. Fether's Neme (First, Middle, Lest) 18. Mother's Nama (First, Middle, Meiden Sumeme) Be Brooks Nawson rances 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Straet and Number or Rural Routa Number, City or Town, Stata, Zip Code) rank B. Son Dakley 3901 . Strathmore Sugare Ba Himore, My 20b. Place of Disposition (Neme of cematery, crematory or other place, 20e. Method of Disposition Date 20c. Location - City or Town, Stete 1 Burial 2 ☐ Cremetion 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 21. Spoature of Funerel Service Lie 2/2/9 23a. First 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, nock, or heart failure. List only one cause on each line. **Physiclan** Metebolic Acidosis Immediete Ceuse (Final disease or condition rasulting in death) /Medical Zdzys Examiner Due to (or es e consequence of Examiner Acuter Ranzl Sequantially list conditions, if eny, leeding to immediate ceuse. Enter Undarlying Ceuse (Disaese or Injury that initiated events resulting in deeth) Lest Cardia Arrest 6/19/97 120auczrdia Physician/Medical Due to (or es a consequence of): Division of Vital Records, P.O. Box signed by the etten d be detached for u Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contributa to the causa of death? Lover Gestrointaston Bleeding 30 cobably 4 Unknown 1 Yes 2 No py 24b. Were eutopsy findings evaileble prior to completion of cause of deeth? Completed 24a. Wes en eutopsy performed? Severe coronary 2r tary this certificate has 2X No 1 Yes 1□ Yes 2□ No To the Hospital or Attending Physician: within 24 hours after deeth.

To the Funeral Director: After this cartifica completely filled in by the funeral director, p. 25. Wes cese raferred to medicel examiner? 26. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Homa 5 Rasidanca 6 Other (Specify) 1 Yes Inpatiant 2 ER/Outpetlent 3 DOA 27. Menner of Deeth Certification: 28e. Dete of Injury (Month, Dey Year) 28h. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 1 Natural 5 Panding 1 Yas 2 No 2 Accidant investigation 6 Could not be determined 3 Suicida 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, Stata) 4 Homicida 1 Certifying Physician: To tha best of my knowledga, deeth occurred et the tima, data and plece, end due to tha causa(s) and manner es stated.

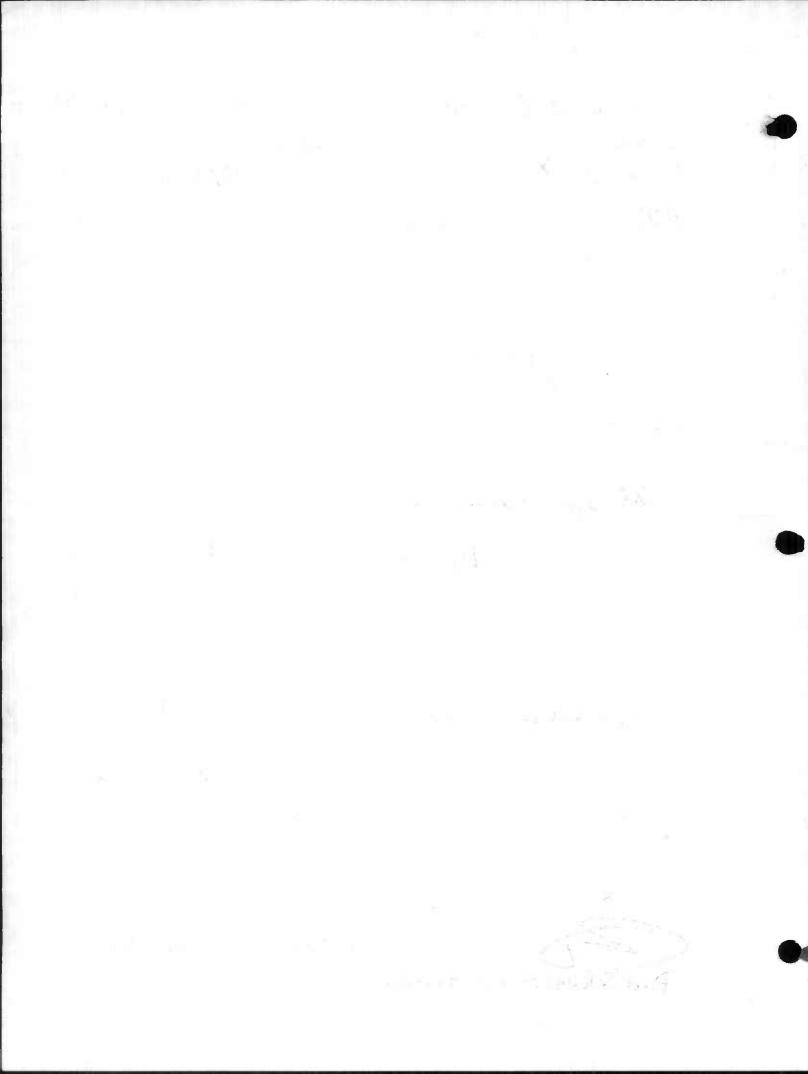
2 Madical Examiner: On tha basis of examinetion end/or invastigation, in my opinion, deeth occurred at tha tima, dete end plece, and due to the ceusa(s) end manner stated. edicai 29a. Certifier 29b. Signature and title of 29c. License number 29d. Date signed (Month, Day, Year) Moder / Resident 2402321-GA-9063 JUNE 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) ALLEN, MID SINAL HOSPITAL BALTIMORE, MD 31. Date filed (Month, Pey, Year) 32. Registrar's Signature State who Davids Registrar DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.



State of Maryland / Department of Health and Mental Hygiene 97 |9|20

	Certificate of Deati	n	Reg. No.	
hysician	1. Decedant's Nama (First, Middla, Last)	2. Data of D Month	Day 1 9	Year 1033 a
/Medical Examiner	Sin	Fown, or Location of Dea	th 4c. County	
neral ector	5. Social Security Number 6. Sex 7. Aga (In yrs. last birthday) If Under 1 Year Tunder 1 Yea	ar 24 Hrs. 8. Data of B		Birthplace (State or Foreign Country)
	Usuel Rasidance of Dacedant	197	707	114
tor	10b. County 10c. City, Town or Location Baltimore			10d. Inside City Limits 1) ■ Yes 2 □ No
Funeral Director	10e. Street and Number	6.6	10g. Citizan of V	What Country?
	11. Martiel Stetus 12. Was Decedant Evar in U.S. 13. Was Decedant of Hispanic O	Nining (Const. Vac as h	y,	o - Amarican Indian,
Funeral	Armed Forcas? If Yes, specify Cuban, Maxico	an, Puerto Ricen, atc.)	Blee	ck, White, atc.
ò	3 ☐ Widowed 4 ☐ Divorced Yaar or Dates:	y:	Specify	Black
Completed	15. Decedant's Education (Specify only highest greda complated) [Sand Annie Company of the Comp	ost of working	1.1	usinass/Industry
dwo	College (1-40r 5+)	- Ry 01	War-	enouse
Be Co		har's Nama (First, Middl	a, Maidan Suman	ne)
ToB	Ceonand B. Carter Sr Ja	net Roll	510500	
-	19a. Informant's Name/Raletionship (Type, Print) 19b. Mailing Addrass (Street and Num	ber or Rural Routa Num	ber, Cify or Town,	Steta, Zip Coda) Z/2/
	Helen C. Carter - Wife 6954 Reisters	town Roa	d Bai	Homore rul
	20a. Method of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20b. Place of Disposition (Nama of cematary, cramatory or other place)	Data	20c. Location	City or Town, Stete
	4 Donation 5 Other (Specify) 21 Signature of Figure Sender Uses of Figure 1	en 6-249	Da 14.	inore, My
DUCE	21. Signature of Funeral Sarvica Licansaa 22. Neme end Addrass of Fec	West	4	41. 10
	23a. Part J. Entar tha disaasa, or complications that caused the death. Do not antar the mode of dying, such a	abash Ave.		Approximata
,	shock, or haart failura. List only one cause on each line.	as our dies or respiratory	arrast,	Intarval Batween Onsat and Death
	Immediata Causa (Final disaasa or condition Hupperdo Ale MIA			Lours
	rasulting In daath) Due to (or as a consaquanca of):	0 1		
ine	Deute Rena	(Fadure		days
Examiner	Sequantially list conditions, if eny, leeding to immadiata causa. Entar Undarlying Causa (Disease or injury c.			
	that initiated evants			
Medical	resulting in death) Last d.			
Physician	Part II. Other algnificant conditione contributing to death but not resulting in the underlying cause given in Par	rt I. 23b. Die	d tobacco use co	entribute to the cause of death
	Appertension, stroke	10	Yes 20 No	3 ☐ Probably 4 ☐ Unknow
d by		24a Wa	s an autopsy	24b. Wara autopsy findings
Completed			formed?	available prior to complation of causa of death?
m o		100	Yas 2□No	1 XYas 2□ No
Be C	25. Was casa rafarred to medical 26. Pla	ca of Death (Check only		7,100
To	axaminar? 1 Yes 2 No	Nursing Homa 5 Ra	sidance 6 Oth	ner (Specify)
Certification:	27. Mannar of Daath 1		how Injury occur	rred
ertific	3 ☐ Suicida 4 ☐ Homicida 6 ☐ Could not be datarmined 28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Specify)		(Street and Numbown, Stata)	ber or Rural Routa Number,
edicai C	29a. Cartifier (Check only one) (Check only one) (Check only one) (Check only one) (Check only one)			
M	29c. Licansa number	r	29d. Date signe	ed (Month, Day, Year)
	D17118		6/23	A7
	Name and actions of presidents completed cause of death (Itam 23a) (Type, Print) Toul Schwarz M.D. 4000 Old court R		03 2	1208
State	31. Data filed (Month, Day, Year) 32. Registrar's Signatura			
trar	JUN 2 4 1997 June Davidson-Handelle			



Registrar

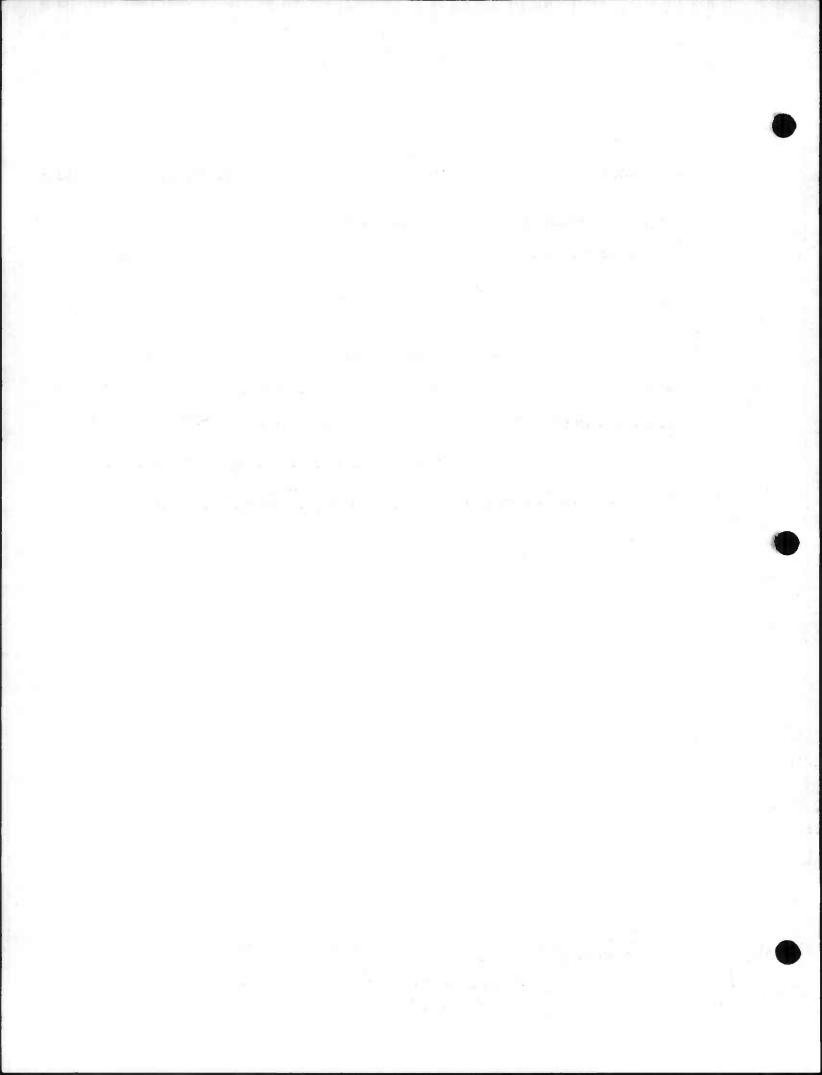
JUN 2 4 1997

NAME: MILTON CARMEL

State of Maryland / Department of Health and Mental Hygiene

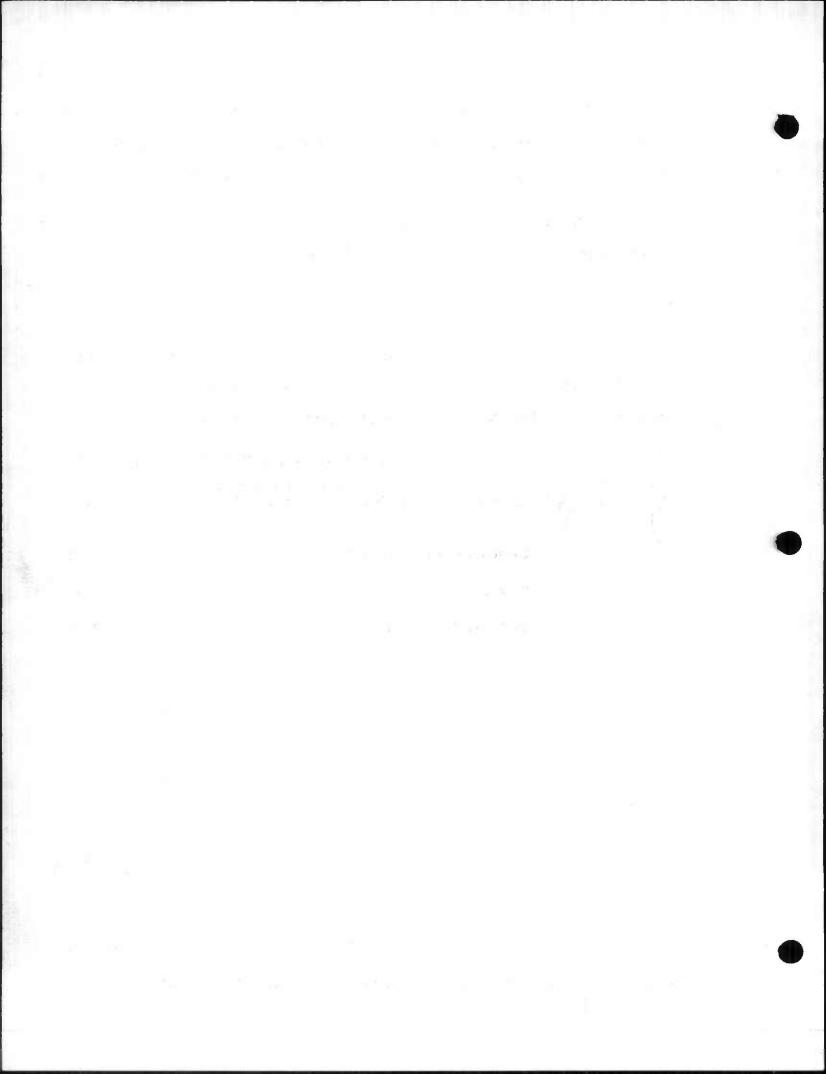
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						Ce	rtificat	e of	Death			Reg. No.	21	13166
			1. Decedent's Neme (First, Midd	lle, Last)							2. Dete of D	eeth	10.55	3. Time of Deeth
	Physic /Medi		Shu-Tsing	Chiu							June	Day	Yeer	07:13 AN
	Exami		4a. Facility Name (If not institution	n, give street and numbe	er)				4b. City, To	own, or L	ocation of Dea	1th 4c. C	ounty of Deeth	
1			Sinai Hospital	of Baltimore	c				Baltin	more	,		N/A	
	Funeral		5. Social Security Number		Age (In yrs. las	t birthday)	If Under Months	1 Year Deys	If Under Hours	24 Hrs. Min.	8. Daie of B	lirth	9. Birth	nplece (State or Foreign
	Director		214-68-0791 Usuel Residence of Decedent	1□M 2⊠F	101	Yrs.	WICHTIS	Doys	riouis	IVIII).	Nov. 2			China
	how H		10a. Stete 10b. County		10c. City, T	own or Lo	ocation							10d. Inside City Limits
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	9r 28	Sire	10e. Street end Number				10f. Zip	Code			_	10g. Citize	n of Whet Cou	intry?
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	ems fems	Funeral Director	11. Maritel Stetus	12. Wes Deceden Armed Forces		13.	Wes Deced	ient of h	lispanic Or en, Mexica	lgin? (Sp	ecify Yes or N Rican, etc.)	10-	. Race - Amer Black, Whije	
Maryland 21215-0020	filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or Itema 23a or 28a-f show but, the Madical Examinat must be notified at	by	1 ☐ Never Married 2 ☐ Mai 3 📆 Widowed 4 ☐ Divorced	If Yes Give			1□ Yes				,	S	pecity:	inese
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yla	should be filed within and Mental Hygiene. marked other than imatic event, the M	2	Un Known		Cho	u			Un	Know	m		U	n Known
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2	permit. Pages 1 and 2 s Department of Health an Important: If Item 27 is any injury or other trau		Kai-Yun Chiu/d	aughter		1061	5 Land	cewo	od Ro	l. Co	ckeysv	ille,	Md. 21	.030
ore	of H		20e. Method of Disposition 1 ☐ Buriai 2 ☑ Cremetion	3 DRemovel from State	0.000	a of Dispo etery, crea	stion (Nem	ne of ther ple	ce)		Dete	20c. Loca	tion - City or T	own, Stete
Baltimore,	Pag ment ant: I		4 Donetion 5 Other (S			top s	Servi	ce C	orp.	6/	28/97	Towso	on, Md.	
a	port inj		21. Signuture of Funeral Service	Licensee		22	2. Name en	d Addre	ss of Fecili	ity				
10	205 2 2		Hall	101							Home,			
	E'HILL		2 1 art1. Enter the disease, o shock, or heert feilure. Lis	complications that cause	ed the death. I	Do not ent	er the mode	e of dyli	ng, such as	cardiac	on, Md.	arrest,		Approximete
١.	Physician		SHOCK, OF HOOF TOHILD. LIS	only one cease on each	mre.								1	Intervel Between Onsei and Deeih
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	the death certificate be executed y the attending physician and iched for use es the burial-transit	Examiner	Sequentially list conditions,	Б.	Due to (or as			<i>x</i>	agair	pari	2			
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68760,	hysic the bi	Medical	thet initiated events resulting in deeth) Lest	c	Due io (or es	e conseq	uence of):						<u> </u>	
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DIVISION	I or Attanding Fafter deeth. Director: After I in by the funer	atio	1 ☑Naturel 5 ☐ Pendir 2 ☐ Accident Investi		oy rear	Injury	М		Yes 2	No				
S S		III C	3 Suicide 6 Could 4 Homicide determ	ined 286. Piece of it	njury - At home	, ferm, str	eet, factory	, office			28f. Location	(Street end N	Vum <i>ber or Rui</i>	al Route Number,
5	s aftar	Certification:	4 Z Homodo	bunding, e	atc. (Specify)						Chy of 10	own, Stete)		
	To the Hospital or within 24 hours afte To the Funeral Dir complataly filled in	edical	29a. Certifier 1 Certifylr (Check only one)	g Physician: To the best Examiner: On the basis end manner s	of exemination	dge, deeth and/or inv	occurred e	et the tir	ne, dete en pinion, dee	d place, oth occurr	end due to the ed et the time	e ceuse(s) en , dete end pl	ed menner as eca, end due	steted. to the ceuse(s)
	within 2 To the complain	M	29b. Signature and title-of-certifie	•			29c	. Licens	e number			29d. Dete s	signed (Month,	Dey, Year)
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ale		1. Decedent's Name (First, Middle, La	ist)			Pertifica			2. Date of De	Reg. No. eth Dev	Year	3. Time of Deeth
hysici: Medic/	_	Audra Pearl		CAMP					June	23	1997	12:05 A.1
Examin	_	4a. Facility Neme (If not institution, given	ve street end number,)				4b. City, Town, or	Location of Deet	h 4c. County	of Deeth	
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unerai rector		236 24 4143	Sex 7. A	ge (In yrs.	6 Yrs	Months	Days	If Under 24 Hrs Hours Min		th by, Year) B, 1920	9. Birthpl Count West	ece (Stete or Foreign ry) Virginia
ahow d.at	_	Usuel Residence of Decedent 10e. Stete 10b. County				r Locetion					10	od. toside City Limits
8a-f	octo	Maryland Baltimor	e	Midd	le R							1 ☐ Yes 2 ☐ No
or 2	늠	10e. Street and Number				10f. Zi	Code			10g. Citizen of V		ry?
238 Rust	Ta l	7325 Tred Avon Ro			_		212			USA		
"natural", or itema 23a or 28a-f show scircal Examiner must be incliffed at	by Funeral Director	11. Maritet Status 1 □ Never Married 2 □ Married 3 ☑ Widowed 4 □ Divorced	12. Was Decedent Armed Forces' 1 ☐ Yes 2 1 If Yes, Give Yeer or Dates:	?	S.	I3. Was Dece If Yes, spe 1 ☐ Yes		dispanic Origin? (S an, Mexican, Puer Specify:	Specify Yes or No to Rican, etc.)		e - America ck, White, e :: Whit	itc.
r than "natur Ine Medical	Completed	15. Decedent's E (Specify only highest gra Elementery/Secondery (0-12)	ducation ade completed) College (1-4or	5+)	(G lit	e. DO NOT	ork done se retire	during most of wo		16b. Kind of 8		
nt, m		17. Fether's Neme (First, Middle, Lest	1			Labore		19 Mother's No.	me (First, Middle	Plastic		ory
r is marked other than traumatic event, the Me	To Be	William J. Thomas							E. Hansh		10)	
NE		19e. Informent's Name/Relationship (Evelyn McLaughlin)		_		adstone,			Stete, Zip	Code)
		20a. Method of Disposition 1 String Burlal 2 Cremation 3 String Donetion 5 Other (Special		C	em <i>etery</i> ,	sposition (Na cremetory or	other pla	ardens 6	Dete /25/1997	20c. Location		
important: If I any Injury or once.		21. Signature of Funeral Service Lice	**	DCI				ess of Fecility Tunera			, Mai	yrand
		Ma 150	5-			1407 O	ld E	astern A	ve Essex	, Maryl	and 2	1221
sician edicai		23a. Part Enter the disease, or com- shock, or heart failure. List enty						ng, such es cardie	c or respiretory e	rrest,	1	Approximete tntervel Between Onset and Death
miner		diseese or condition resulting in death)	Congest	tive	Heart	Fail	ire					l Day
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Insit	Examiner		_{b.} Sepsis	Dua ta Ja							į.	l Day
priysician and		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury				sequence of)					1	
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0 0		resulting In deeth) Last	d			,						
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	by Physician/M	rettii. Otter signittent conditione t	contributing to death t	out not resi	urting in th	e underlying	ause gr	ven in Per, t.		Yes 2 No		ably 4 ☐ Unknow
has been sig	Completed								24e. Wes	en eutopsy ormed?	con	re eutopsy findings lieble prior to apletion of cause leeth?
pege	5								1 🗆	Yes 2 No	1□	Yes 2□ No
E o	Be (25. Wes case referred to medical exeminer?						26. Plece of De	eth (Check only	one)		
his di	2	1 ☐ Yes 2 No 27. Manner of Deeth	Hospital: Impati	ury	ER/Outpa 28b. Tim	e of	OA Otto		lome 5 ☐ Resi	dence 6 Oth)
the fune		1 Neturel 5 ☐ Pending Investigation	(Month, Da	y Year)	tnju	ry M		rk? Yes 2 ∐No				
d in by the	Certification:	3 Suicide 6 Could not be determined		jury - At ho lc. (Specify	me, farm	, street, factor	y, office		28f. Location (City or To	Street end Num (wn, State)	per or Rurei	Route Number,
tely fill	edicai C	29a. Certifier (Check only one) 1 Certifying Pr	nysician: To the best ntner: On the besis o and menner st	of examine	wledge, d	eeth occurred r tnvestigetion	et the ti	me, date end place opinion, deeth occ	e, end due to the urred et the time,	ceuse(s) end mo dete end plece,	enner es sto end due to	eted. the cause(s)
comple	Ž.	29b. Signature and title of certifier	and monitor st			29	c. Licens	se number		29d. Date signe	d (Month, L	Dey, Yeer)
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1			- //	dooth (#-	12-1 /7		W 2	113		6.4	>	1
10	- 1	30. Name and address of person who	completed ceuse of t	Jeeth (ttem	230) (Ty	pe, Print)						
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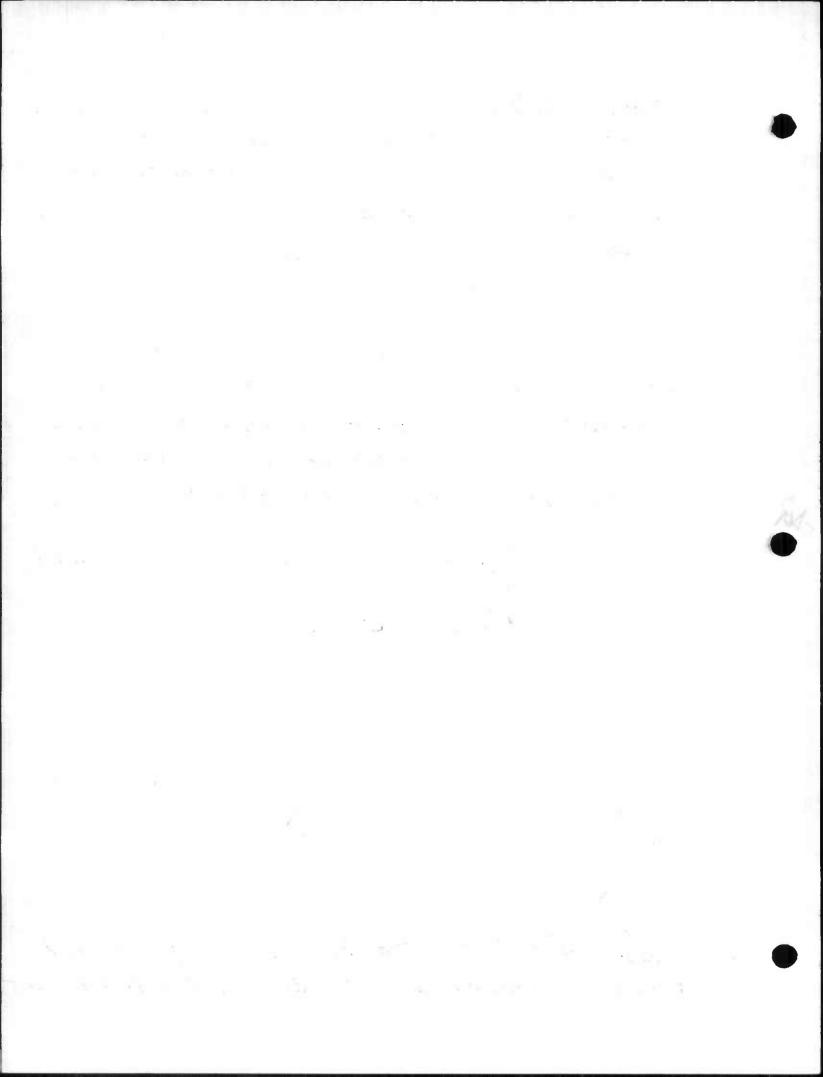
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Deta of Death Dey Albert Month **Physician** BOW June /Medical 4a. Facility Nama (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner LEVINDALE BALTIMORE N/A If Under 1 Months If Under 24 Hrs. 5. Social Security Number 7. Aga (In yrs. last birthdey) Date of Birth Month, Day, Year, JULY 14,1906 Birthpieca (Stete or Foreign Country)
 MARYLAND **Funeral** Hours 1 GM 2□ F 217-07-0561 90 Director Usuei Residence ot Decedent with the Marylend 10a. Stata 10d. Inside City Limits 10b. County 10c. City, Town or Location item 27 is marked other than "natural", or items 23s or 28s-f show other trsumetic svent, the Medical Examiner must be notified at MD BALTIMORE BALTIMORE 1 Yas 2 No Directo 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 21209 6651 CHIPPEWA DR. USA parmit. Peges 1 and 2 should be filed within 72 hours after death v Department of Health and Mental Hydene. Important: If item 27 is marked other than "netural", or items 23a. and hujury or other traumatic event, the Medical Expulsion fraumatic avent, the Medical Expulsion fraumatic avent. Funeral 12. Wes Decedent Evar in U,S. Armad Forcas? Wes Decedent of Hispenic Orlgin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, etc.) Race - American Indien, Bleck, White, etc. 11. Meritel Stetus 1 Yas 2 No
If Yes, Give
Yaar or Detes: 1 Never Married 2 Married 3altimore, Maryland 21215-0020 WHITE 1 ☐ Yes 2 No þ 30XWidowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) **NEWSPAPERS** DELIVERY MAN 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Neme (First, Middla, Meiden Sumeme) UNKNOWN JOSEPH **DuBOW** ROSE 2 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 10108 KINGS BENCH CT. ELLICOTT CITY, MD 21042 HARRIET ROSE (DAUG.) 20b. Piece of Disposition (Neme of cematary, crametory or other place) 20e. Mathod of Disposition Date 20c. Location - City or Town, Steta 1 Buriel 2 Cramation 3 Removel from Steta ARLINGTON (CHIZUK AMUNO) 6/22/97 BALTIMORE, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerei Service Licensee 22. Neme and Addrass of Facility SOL LEVINSON & BROS., INC. NOON 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 23a. Part1. Enter the disaasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory shock, or heer tellure. List only one ceusa on each line. **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical Examiner Examiner attending physician and for use es the burlel-transit thet the death certificate be executed Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Couse (Disease or injury that initiated events resulting in deeth) Last Parkinson Division of Vital Records, P.O. Box 68760 Physician/Medical Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. the detached 23b. Did tobacco use contribute to the cause of death? been signed by ti should be detach 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown by 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed certificate hes b director, page 2 s 1 Yes 2 No 1 Yes 2 Wo director, 25. Wes case referred to medical exeminer? Be 26. Piaca of Deeth (Check only one) 1 Yes 2 No Hospitei: Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 10 1 Dinpatient 2 ER/Outpatient 3 DOA this funeral 27. Menner of Deat 28a. Dete of injury (Month, Day Year) 28b. Time of Injury 28c. injury et Work? 28d. Describe how Injury occurred Certification: 1 Naturel
Accident 5 Pending investigation a franching after death.

Director: After 1 Yes 2 No 6 Could not be determined 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, term, street, fectory, office building, etc. (Specify) completely filled in by 4 Homicide To the Hospital of within 24 hours a To the Funeral D 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end piece, end due to the cause(s) end manner es steted.
2 Medical Examiner: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) end menner stated. 29a. Certifier edical (Check only one) 29c. Licanse number 29d_Data signad (Month, Day, Year) 30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print) ENTHE) MER

State Registrar 31. Dete tiled (Month, Dey, Year)

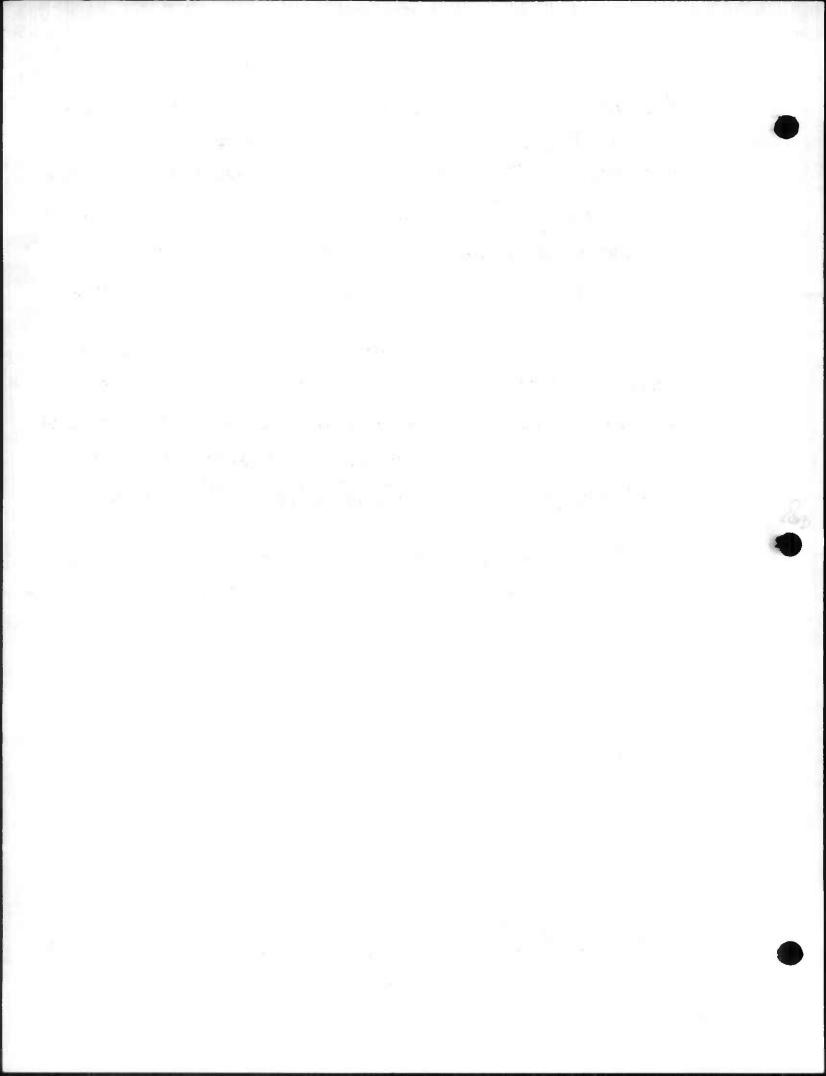
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12 Findistrar's Signature



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	/Medic xamin	_	4e. Fecility Name (If not institution, g	iva street end number)	- /	IAILSC		4b. City, Town, or	JUNE Location of Deet	-	1997 of Deeth	1-pm
		•	SINAI HOS	PITAL				BALTI	mare	N,	/A	
	ineral ector		215-07-0787	Sex 7. Ag	e (In yrs. last i 101	Yrs. If Unc	dar 1 Yaar s Deys	if Under 24 Hrs. Hours Min.	8. Data of Bir (Month, De DEC. 2	th ey, Year) 5, 1895	9. Birthpla Countr	ce (Steta or Foreign y) RUSSIA
land	show		Usuel Residenca of Decedent 10a. Stete 10b. County		10c. City, To	wn or Location					100	d. Inside City Limits
Meny	1	tor	MD N/A		BAL	TIMORE						WWas 2□No
th with the	23a or 28 unt be not	al Director	10e. Street end Number 6510 PARK HEIGH	TS AVE; AP	T. C	10f. 2	Zip Code 21215	5		10g. Citizen of V		y?
5-0020 72 hours after deeth with the Meryland	rai', or items 23a or 23a-f shov Examiner must be notified at	by Funeral	11. Meritel Status 1 Nevar Merried 2 Merried 3 Widowed 4 Divorced	12. Was Decedent Armed Forcas? 1 Yes 2 Yes if Yes, Give Yaer or Dates:			cedent of H becify Cube 221 No	lispenic Origin? (S en, Maxican, Puert Specify:	pecify Yes or No o Rican, etc.)	Specify	e - America ck, White, et WH	
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	event, p		17. Fathar's Neme (First, Middla, Las	t)		no.	IEMAKI	18. Mother's Ner	na (First, Middle		OWN HC	ME
ylan ould be Mental	9 6	o Be	OSCAR	WISE				ANNA			BRODSK	Y
Sh Sh	traumatic		19e. Informent's Neme/Reletionship	(Type, Print)	15	9b. Mailing Addre	ss (Street	end Number or Ru	ıral Route Numb	er, City or Town,	Stete, Zip C	Code)
C - C	other tr		CHARLOTTE RUDMAN	(DAUGHTER)		6300 RED of Disposition (A		AR PL, AF				
0 5 5 5	5 0		20e. Method of Disposition **DXBuriel 2 Cremetion 3		ceme	tary, crematory o	r other pled		Dete	20c. Location -		
Baltimo	injury e.		4 ☐ Donetion 5 ☐ Other (Spec 21, Signeture of Funeral Service Lice		HEBR	EW YOUNG			19–1997	BALTIN	MORE,	MD
n § §	any i		▶ Gloom	11 JOIN	nos			ss of Fecility NSON & BR PERSTOWN			MD 2	1208
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687	as the bur	n/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest	c	Due to (or es	e consequence of	f):	ey v	//SEAS[VEARS
. 0	ne atte	Physician/M	Part II. Other significent conditions	contributing to death bu	ut not resulting	In the underlying	cause giv	en in Pert i.	23b. Did	tobacco use co	ntribute to t	he cause of death?
r tat	200	by	HYPERTENSION, CELLULIT	, DIABE	TES A	MELLIT	us,		10	Yes 2□ No	3 Probe	bly 45 Unknown
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DIVISION Tor Attanding efter death. Director Attan	ed in by the funeral	Certification:	1 Naturel 5 Pending 2 Accident investigatic 3 Sulcida 6 Could not I 4 Homicide determined	on De Dioce of Inju	ury - At home,	injury M farm, straat, fecto	10	Yes 2□No	28f. Location (City or Tou	Street end Numb wn, Stete)	per or Rural i	Route Number,
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To the within 2	com	-	29b. Signeture and Ittle of cartifier	211		2	9c. Licens	e number		29d. Date signe	d (Month, Di	ey, Yeer)
(Em (le		-mo	15 24	102321-1	6-9005	June	17,	1997
	41		30. Name and eddress of per on who	completed cause of de	eath (item 23e	(Type, Print)	11.0	102321-E	- 1	9	_	
	Stat		31. Dete filed (Month, Ray, Year)	Gullan Audan	Panda	MAI	MOSI	VITAL O	TO DA	RT/man	E	



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middia, Last) 3. Time of Death 2. Data of Death Month **Physician** Wlar 2 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Belle 5402 AUC BALTimore VISTa If Under 24 Hrs. 8. Date of Birth (Month, Day, 5. Sociei Security Number 7. Age (In yrs. last birthday) If Under 1 Year 9. Birthpieca (State or Foreign Country) 6. Sex **Funeral** 1□M 275€F Months Days 214-01-3422 Yrs Director Usual Rasidence of Decedent 10a State 10b. County 10c. City, Town or Location permit. Peges 1 and 2 should be filed within 72 hours after death with the Manylen Department of Heelih end Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-1 show any injury or other traumatic event, the Medical Examiner must be notified as may injury or other traumatic event, the Medical Examiner must be notified as 10d. Inside City Limits 1 Yas 2 □ No MD BALTIMORE Director 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? USA 21206 Belle 5402 Funeral 12. Wes Decedant Evar In U.S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Maxicen, Puerto Ricen, atc.) 14. Race - Amaricen Indian, Black, White, atc. 11. Marital Status 1 ☐ Yes 2 DoNo It Yas, Giva Yaar or Datas: 1 Nevar Married 2 Married 1 ☐ Yas 2 ☐ > 16 Specify: Black þ 312 Widowed 4 □ Divorced Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedent's Usuel Occupation (Giva kind of work dona during most of working iifa. DO NOT usa retired) 16b Kind of Business/Industry Elementery/Secondary (0-12) Collage (1-4or 5+) 814 Laborer Laundry NA 17. Fether's Nema (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Surnama) Be 2 Kudolph 19a. Informant's Name/Raletionship (Type, Frint) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Belle Mary Booker-Nille 5402 BATIMON, MD. ZIZOG 15/a 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stete Data 1 Deuriel 2 Cramation 3 Remove from Stete 6-2797 BALTimore, MD 4 □ Donation 5 □ Other (Specify) butus Men Park 21. Signature of Funaral Service License 22. Nama and Addrass of Facility 236 Part1. Entar the disease, or complications that caused tha death. Do not antar the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Approximata Interval Batween Onset and Death **Physician** /Medical Immediata Ceusa (Final le+astatic Imonth diseasa or condition rasulting in death) Examiner Dua to (or as a consequence of) Examiner Sequantially list conditions, if any, laading to immadiata ceusa. Entar Underlying Causa (Disaasa or Injury that initiated avants rasulting in deeth) Last Dua to (or as e consequence of): Physiclan/Medical Due to (or es a consequance ot): Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 □ Unknown à 24b. Were eutopsy tindings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed 1 Yas No 1 Yas 2 No 25. Was case ratarrad to medicet axaminar? Be 26. Placa of Death (Check only ona) Hospital: Othar: 4 Nursing Home 5 Rasidance 8 Othar (Specify) 9 1 Yes 2 No 1 ☐ Inpatlant 2 ☐ ER/Outpatient 3 DOA 28a. Deta of Injury (Month, Day Year) 27. Mennar of Death 28b. Tima ot 28c. Injury at Work? 28d. Describe how injury occurred 5 Panding invastigation Natural 1 Yas 2 No 2 Accident

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Certification:

Medical

To the Hospital within 24 hours a To the Funeral D completaly

29a. Certifiar (Check only one)

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Cartifying Phyaician: To the best of my knowledge, death occurred at the time, dete end piece, and due to the cause(s) and manner es steted.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data end place, and due to the ceusa(s) and manner stated.

29b. Signature and title of certifie

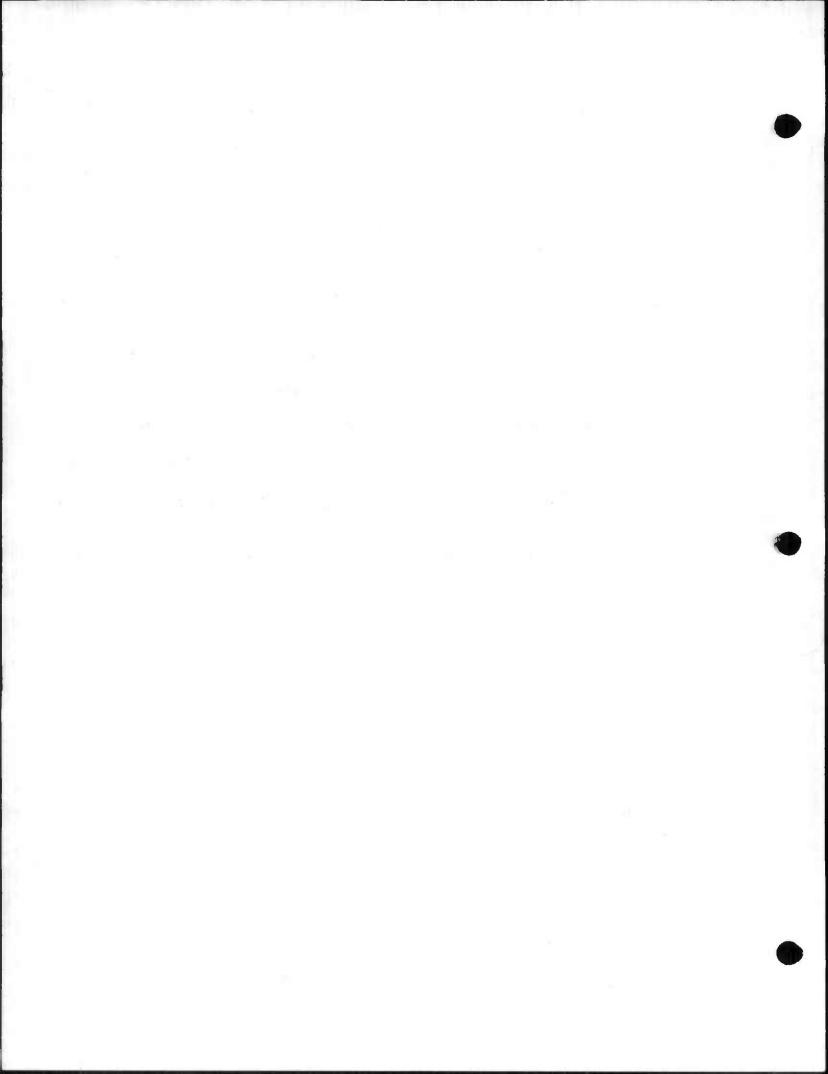
29d. Deta signed (Month, Day, Year)

rson who completed cause of death (Item 23a) (Type, Print) 30. Name and address of pe

6 Could not be datarmined

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

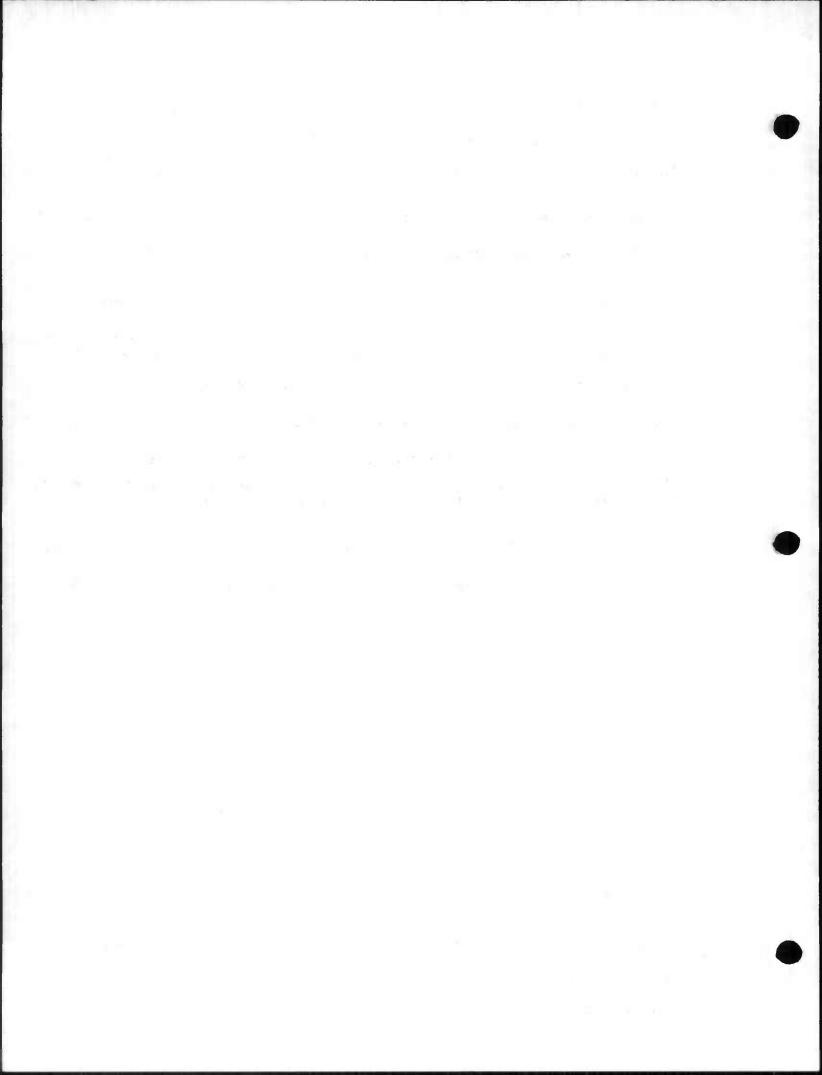
State Registrar 28a. Place of Injury - At home, farm, straet, factory, office building, atc. (Spacify)



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Is m		19a. Informent's N				19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zi 7.111 Baltimore Annapolis Boulevard, Glen Burnie, M						
Healt em 2 ther		Tina M. 20e. Method of Dis		/ Daught	20b. F	Place of Disposition	(Name of	-	Date Date			
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Departmen Important: any injury once.		21. Signature of Si	uneral Service Li	Sensee E	Oor	<u> </u>	me and Addre	, G	once Funer		P.A. 40	01 Ritchie
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by the ettending sched for use a	Physiclan/Medical	Cause (Disease or thet initiated event resulting in death)	Injury s Lest	cd		r es a consequenc	e of):		23b. Dld		y Year 1997 6 P.M. County of Death Anne Arundel 9 Birthplace (State or Foreign County) 932 Maryland 10d. Inside City Limit 1 Yes 2XXV fitizen of What Country? U.S. 14. Race - American Indien, Black, White, etc. Specify: White Kind of Business/Industry rmational Organization ers, Mates, Pilots or Town, State, Zip Code) Burnie, Md 21061 coation - City or Town, State timore, Maryland come P.A. 4001 Ritchie Approximate Interval Between Onset and Death Limiter 2 Trans Discore 2 Trans Opsy 24b. Were autopsy findings available prior to completion of cause of death? Limiter 2 No 1 Yes 2 No 8 Other (Specify) In yoccurred	
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Dete of Deeth nineten ninety Month Dey Sens Yeer 1. Decedent's Neme (First, Middle, Last) 3. Time of Death Eloselly 1997 23:30 pm Khaled May 23 Kavim 4b. City, Town, or Location of Deeth 4e. Fecliity Neme (If not institution, give street end number) 4c. County of Deeth Tarking ton Colombia mo Hace Howard | If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth | Months | Deys | Hours | Min. | Month, Day 5. Sociel Security Number Birthplece (State or Foreign Country) 7. Age (In yrs. lest birthdey) 1 M 2□F 219-47-8532 Yrs. Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Howara Columbia 1 Yes 2 No Md 10e. Street end Number 10f. Zip Code 10g. Citizen ot Whet Country? Mace 21044 4. SA Tarkington 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 DY to It Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indien, Bleck, White, etc. 11. Maritel Status 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 15. Decadent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry BAby Elementery/Secondary (0-12) College (1-4or 5+) NA 17. Fetþer's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Samar ra/ed 05e1/4 19e. Intorment's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Columbia, Ma -Father Tarkington 21044 Khaled 5/05e1/4 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) Date 20c. Location - City or Town, State Buriel 2 ☐ Cremetion 3 ☐ Removel from State Kandallstown, 4d 5-24-97 4 □ Donation 5 □ Other (Specify) 21. Someture of Funeral Service Lie 300 Heenne De Ho, Md 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, s.k., or heart tailure. List only one cause on each line. Approximete Intervel Betw Immediete Ceuse (Finel 23 イレン diseese or condition resulting in deeth) Due to (or as e consequence of): 24 hrs. preumonia Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Due to (or es e consequence of): thet initiated events resulting in deeth) Lest Due to (or es e consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Thice 24b. Were autopsy tindings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 1 Yes 2 No 1 ☐ Yes 2 Z No 25. Wes case reterred to medical exeminer? 26. Place of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Pesidenca 6 Other (Specify) 1 Yes 2₺ No 28e. Date of Injury (Month, Day Year) 27. Menner of Deeth 28c. Injury et Work? 28d. Describe how Injury occurred 1 PNetural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 ☐ Accident 6 ☐ Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, State) 3 ☐ Sulcide 28e. Place of Injury - At home, term, street, tactory, offica building, etc. (Specify)

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physician and s the burial-transit ettending pl ed by the e signed by t funeral After ! deeth.

Physician

Examiner

Director

Funeral

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7 is marked other than "natural", or items 23s or 28s-f traumatic event, the Medical Examinar must be notifie

injury or

Physician /Medical

Examiner

pernii. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hyglene. Important: If Item 27 is marked other than "natural", or its

Hygiens.

Saltimore, Maryland 21215-0020

/Medical

Division of Vital Records, P.O. or Attano efter deeti Director:

Physician/Medical g Completed Be 2 Certification:

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To the Hospital of within 24 hours of To the Funeral D completely filled I

State Registrar a est

JUN 24 1997

29b. Signeture end title of certifier

4 ☐ Homicide

(Check only one)

29a. Certifier

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1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) and manner es stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end plece, end due to the cause(s) end menner stated.

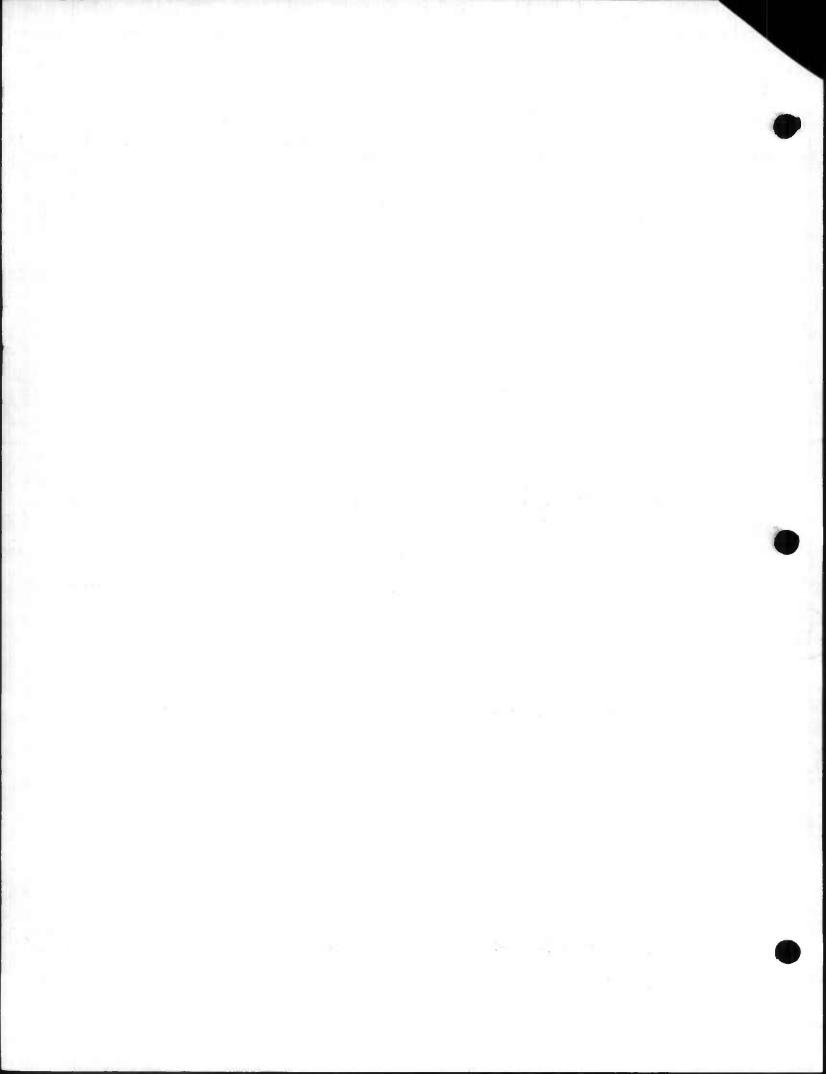
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BN MB 21287 JHH

30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print)

Mark A 31. Dete filed (Month, Day, Year)

32 Registrer's Signature Julia Davidson-Randell



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2 Date of Death 3 Time of Death Month **Physician** JUNE MORRIS ESCANN 997 /Medical 4a. Fecility Neme (If not institution, give street and number 4b. City, Town, or Location of Death 4c. County of Death Examiner RE IBALTIMORE

If Under 1 Yeer If Under 24 Hrs.
Months Deys Hours Min.

8. Date of Birth Month, Gaz Year 918 BALTIMORE N/A OF SINAL HOSPITAL 5. Social Security Number 7. Age (In yrs. last birthday) 6 Sex Birthplace (State or Foreign Country) **Funeral** 1XM 2□ F MD 78 Yrs. 578-03-9276 Director Usuei Residenca of Deceden 10a State 10b County 10c. City, Town or Location 10d. Inside City Limits 28a-f show must be notified at BALTIMORE 1 ☐ Yes 2X No Director BALTIMORE MARYLAND 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ò items 23a 21208 USA Funeral 1 SADDLE CT. death 12. Was Decedent Ever In U,S. Armed Forces? 1 Tyes 2 □ No If Yes, Give Year or Dates: WWII 14. Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Meritel Stetus filed within 72 hours after 1 Never Married 2 Married ò Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify by 3 ☐ Widowed 4 ☐ Divorced "natural", WHITE Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Peges 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If Item 27 is marked other than any injury or other traumatic event. Elementery/Secondary (0-12) Coilege (1-4or 5+) RETAIL OIL (CALVERT) PROPRIETOR 11 17 Fether's Name (First Middle Last) 18. Mother's Name (First, Middle, Maiden Sumame) **ESCANN** ANNIE STERN **ISIDOR** 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) MRS. GERTRUDE ESCANN (WIFE) 1 SADDLE CT. BALTIMORE, MD 21208 20b. Piaca of Disposition (Name of cemetery, crematory or other p 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 ☐ Cremation 3 ☐ Removei from State BETH EL MEMORIAL PARK 6-22-1997 RANDALLSTOWN, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility SOL LEVINSON & BROS., INC 8900 Reisterstown Road Pikesville, MD 21208 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Interval Between Onset end Death Physician /Medical Immediate Cause (Finel SEPTICEMIA disease or condition resulting in death) Examiner Examiner LYMPHOMA NON-HODGKINS physician and the burial-transit that the death certificate be executed Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or es e consequence of) Box 68760. LUMBAR LAMINECTOMY MONTHS Physician/Medical Due to (or as e consequence of) P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? á 1 Yes 2 No 3 Probably 4 Unknown s been signed to should be det Records, by 24b. Were autopsy findings aveilable prior to completion of cause of death? Completed 24a. Wes en eutopsy performed? has 1 Yes 1 ☐ Yes 2 No certificate Division of Vital Attending Physician: Be 25. Was case referred to medical 26. Plece of Deeth (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) P 1 Yes 2 No this 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Medical Certification: Affair 5 Pending 1 Naturat death. e Hospital or Atlandit 24 hours after death. e Funeral Director: A 1 Yes 2 No investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Piace of Injury - At home, farm, street, fectory, office building, etc. (Specify) 281. Location (Street and Number or Rural Route Number, City or Town, State) B 4 Homicide To the Hospital of within 24 hours a To the Funeral C Certifying Phyeicien: To the best of my knowledge, death occurred at the time, dete end place, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner stated. 29a. Certifier (Check only one) 29b. Signature and title of cartifier 29c. License number 29d. Date signed (Month, Day, Year) moonin M.D AS2402321-JW9022 JUNE 30. Name end/address of person who completed cause of deeth (Item 23e) (Type, Print) 31. Date filed (Month, Day, Year)
JUN 2 4 1997
JUN 2 4 1997 SINAI HOSPITAL OF BALTIMORE 9 39 Benistrar's Signature State Registrar

DHMH 16 Rev 6/95

State of Maryland / D

d/	Department of	of Health and	Mental	Hygiene
	Certificate	of Death		Pen No

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	Physic /Medi		1. Decedent's Neme Gladis		ohring-Hol	t						2. Dete of Do Month	eeth Dey	Yeer	3. Time of Death 9:02 P
	Exami			not institution, given	re street end number,)				4b. City, Town		Location of Deeth 4c. County of D Baltimo:			City
	Funeral Director	1	5. Social Security No. 212-10-83	umber 6. 3		ge (In yrs.	. lest birthday Yrs.	Month	er 1 Year s Deys	if Under 24 Hours	Hrs. Min.	8. Dete of Bi (Month, D) OCT.	rth Year 1902	9. Birthpl Count Mary	lece (Stete or Foreign to) Iand
	r 28a-f show	tor	Usuel Residence of 10a. Stete Maryland	10b. County Baltimo	re City	10c. C	ity, Town or L Baltin							10	0d. Inside City Limits
	with the	I Director	10e. Street end Num		1				ip Code				10g. Citizen of V		
Baltimore, Maryland 21215-0020	72 hours effer deeth with the Maryland natural, or items 23a or 28a-f show areal Examiner must be notified at	by Funeral	11. Marital Status 1 Never Marrie 3 Widowed		12. Wes Decedent Armed Forces 1 Yes 27 If Yes, Give Year or Detes:	7	J,S. 13.	21229 13. Was Decedent of Hispenic Origin? (Specif Yes, specify Cuban, Mexican, Puerto R				Specify Yes or No- rto Rican, etc.) United Sta 14. Reca - Amer Bleck, White Specify: Wh			an Indien, etc.
	within ene. than	Completed	(Special Special 15. Decedent's E fy only highest grandery (0-12)	ducation ede completed) College (1-4or	5+)	(Give	DO NOT		during most o d)	of workin	ng	16b. Kind of Bu		ustry	
	nould be filed I Mentel Hygi narked other natic event, I	To Be Co	17. Fether's Neme (I Unknow)		Clerical Worker 18. Mother's Neme (Fin					•	Insurance (First, Middle, Maiden Sumeme) Wn		
	is 1 and 2 should be filed of Heelth end Mentel Hyg frem 27 is marked othe other traumatic event,	-	19a. Informent's Nei Malcolm E 20e. Method of Dispo	. Holt /		20h I	19b. Mail 417	7th A	ve. I				e, Mary]	land	21060
	permit. Pages Department of Important: If its any Injury or o		4 Donetion :	5 Other (Special Service Licenter)		G1e	F 4	en Me 2. Name Kirkl	moria end Addre ey-Ru rain	al Pk. ss of Fecility addick Hwv.	Fun	eral H	lome Burnie		Approximete
7	Physician /Medical Examiner		Immediate Cause (F disease or condition resulting in death)	inal	Arterio	scle		: Ca	rdio						Intervel Between Onset end Deeth
0,	exacuted in and riel-trensit	Examiner	Sequentially list con- if eny, leeding to im- cause. Enter Under Cause (Diseese or In-	ditions, mediate	b		or es e conse								
ox 68760,	n certificate be executed anding physician and use as the buriel-trensit	Medicai	Cause (Diseese or In that Initiated events resulting in deeth) La		d	Due to (d	or es e conse	quenca of):						
P.O. B	at the death d by the etter eteched for u	Physician	Part II. Other signific	cant conditions o	ontributing to death b	out not res	sulting in the	underlying	cause giv	ven in Pert I.					the cause of death?
Records,	≥ 0 Cl	Completed by										perf	s en eutopsy ormed? PECTION	con	re eutopsy findings bileble prior to npletion of cause leeth?
Vital Re	The ete h page	Be Com	25. Wes case referre	ed to medical						26. Place o	f Deeth		Yes 2√ No	1□	Yes XXNo
of	5 00	은	exeminer? 1 √ Yes 2 N		Hospitat: 1 ☐ Inpatie 28e. Dete of Inju (Month, De		ER/Outpetie		Oth 28c. Injur Wor	ier: 4□ Nurs	ing Hon	ne 5 N Res	idenca 6 Oth)
Division	or Attending Phefier death. Director: After this in by the funeral	ertification:	1 Naturel 2 Accident 3 Suicide 4 Homicide	5 Pending Investigation 6 Could not be determined	n e 28a Bless of tal	jury - At h	Injury iome, farm, st	M reet, facto	1 🗆	Yes 2□No			(Street end Numb	er or Rural	Route Number,
0	or A effer Direct	ē			Julianig, et	(Opecin	97					0.0, 0. 10	, 0.0.0/		

29b. Signeture end title of cartitier

31. Dete tiled (Month, Dey, Year)

JUN 2 4 1997

29a. Certifier

1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner as steled.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end placa, end due to the cause(s) end menner steled. ld & Wright MD

29c. License number

OCME

29d. Dete signed (Month, Dey, Yeer)

JUNE 23, 1997

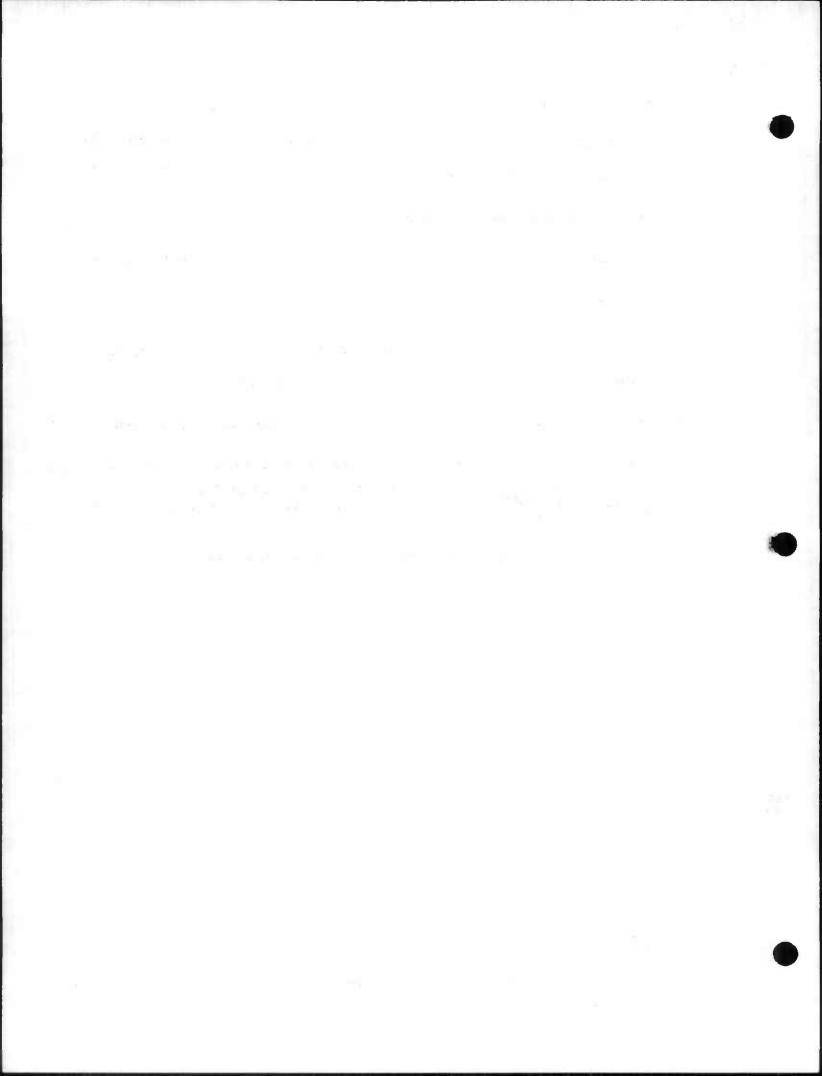
30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print)

STEPHEN RADENTZ, M.D.,

111 Penn Street, Baltimore, Maryland 21201

State Registrar

2. Begister's Signeture Was Davidson-Randolls



1 TEM: 9b per FH G-748 6-24-97 eoh
FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

BEG NO

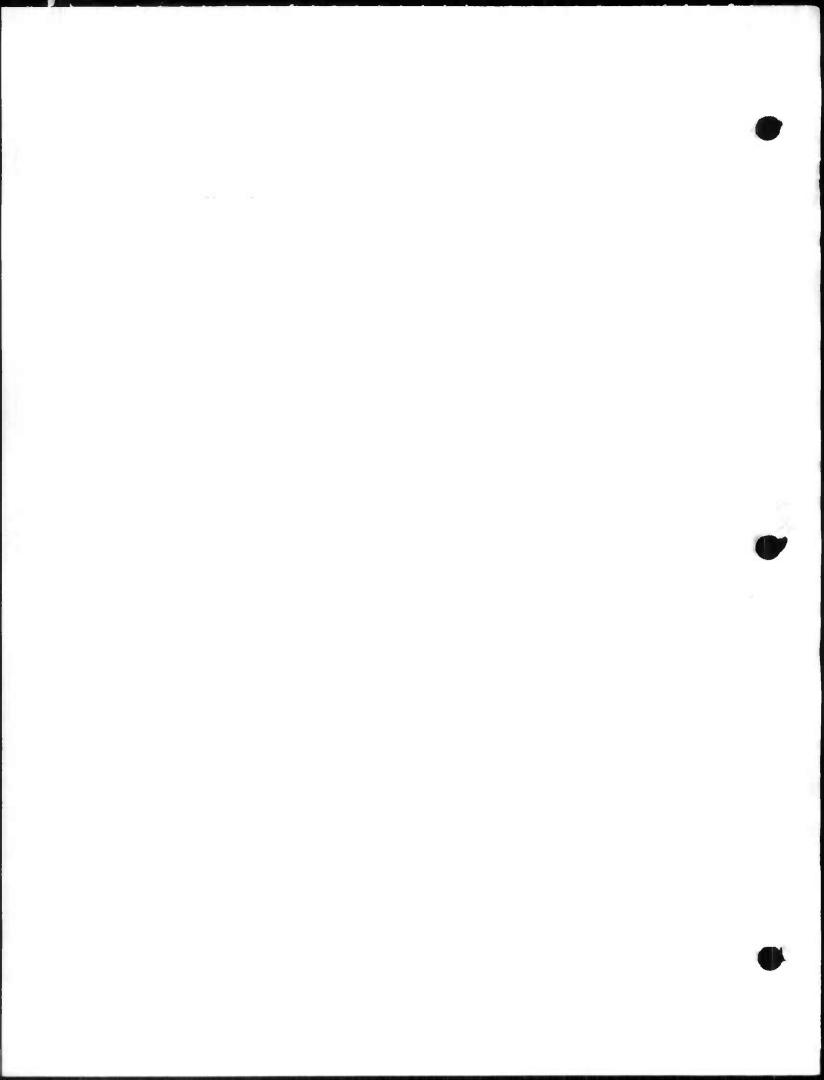
	nedioThAn			CULL	ICALE	OF	DEA	П	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, L ROSE	est)	FRIEM	AN					JUNE	0EATH 18	1	997	3. TIME OF DEATH 2 AM M
	4. SOCIAL SECURITY NUMBER 218-46-0214	5. SEX	6. AGE (in yrs. ia:	st birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF I	ыятн 111, 1	904	8. BIRTHPLACE /Stein or Formi	
	Sa. FACILITY NAME (If not institution, g	ve street end number)			9b. CITY,	Pb. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEA							
6	MERIDIAN BRIGHT	WOOD			_	LUI	HER	BROOKI	LANDVILI	LE	BA	LTIM	ORE
DIRECTOR	10e, STATE 10b. CO				Y, TOWN OF			-			10d. INSIDE CITY LIMITS? 1 TYES 2 NO		
ERAL	3505 SEVEN MILE LANE, 2ND FLOOR				101, ZIP CODE 21208					10g. CITIZEN OF WHAT COUNT			HAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AF I YES 2 X MAR OR OATES		11	yes, sp		n, Mexican	IC ORIGIN? (S n, Puerto Ricar		or No—	14. RACE Black Specif	— American Indian, , White, atc. y: WHITE
	15. DECEDENT'S (Specify only highest g	EOUCATION rade completed)	(0	ECEDENT'S	vork done di	CUPATIO	ON st of workin	ng	16b. KIN	O OF BUS	INESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	Mar.	. Do NOT us	e retired.)					EDU	CATI	ON	
MO	17. FATHER'S NAME (First, Middle, Lest,				MCI1L!		16. MOTE	HER'S NAM	AE (First, Middl				
BE C	ISAAC	DAVID			ROGER				HAEL	MIN			SANDLER
2	190. INFORMANT'S NAME (Type/Print)	(CONT)		6. MAILING 2421					Oute Number, C		1, State, Zip 212		
	EDWARD FRIEMAN 200. METHOD OF DISPOSITION		20b. PLACE					DALL	DATE			City or Tox	vn. State
1 to Buriel 2 Cremetion 3 Removal from State cemetery, cremetory or other place) 4 Donation 5 Other (Specify) ANSHE EMUNAH 6/19/97 BA										LTIMORE, MD			
	21. SIGNATURÉ OF FUNERAL SERVICE LICEMBE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON								& BRO				
23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, App										LLE, MD 2120			
	ahock, or heart failure. List only one cause on each line.								Interval Between Onset and Death				
	OUE TO (OR AS A CONSEQUENCE OF):												
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING												
CERTIFICATION	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST												
	PART II. Other algorificant condi	tions contributing to	death but not	resulting i	n the unc	fertylng	cause g	riven in F	Part I. 24s	. WAS AN		24b.	WERE AUTOPSY FINDINGS
EDICAL				Tooling in the underlying cause given in Part				_ 16	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
 Z	DID TOBACCO USE CO	NTRIBUTE TO CA	USE OF DEA	TH YE	SON	10 2	UNC	ERTAIN					1 TYES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICA EXAMINER?			E OF DEAT		nly one)							
1XSI	1 VES 2 NO		ER/Outpetient 3	_	4 Nursi	ng Hom		aldence (Other (Sp				
BY PF	1 Natural 5 Pending 2 Accident Investigati	(Month, E	Pay, Year)		M	1 🗆 1	RK? 'ES 2 [] NO	28d. DESCRIE	BE HOW IN	IJURY OC	CURED	
	3 Suicide 8 Could not 4 Homicide determine	ome, ferm, a	rtreet, fecto	ry, office			28t. LOCATIO City or To	N (Street e wn, Stete)	nd Number	or Rural Ro	oute Number,		
COMPLET		YSICIAN: To the best of silver: On the basis of s											and menner se stated.
HE I	29b. SIGNATURE AND TITLE OF CERT	S UXO	e m	S	-			t \ (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON	lle L	COD #	010	Print)	OC 4				ltin	_		90212 B
	31. DATE FILED (Month, Day, Year) JUN 2												

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020



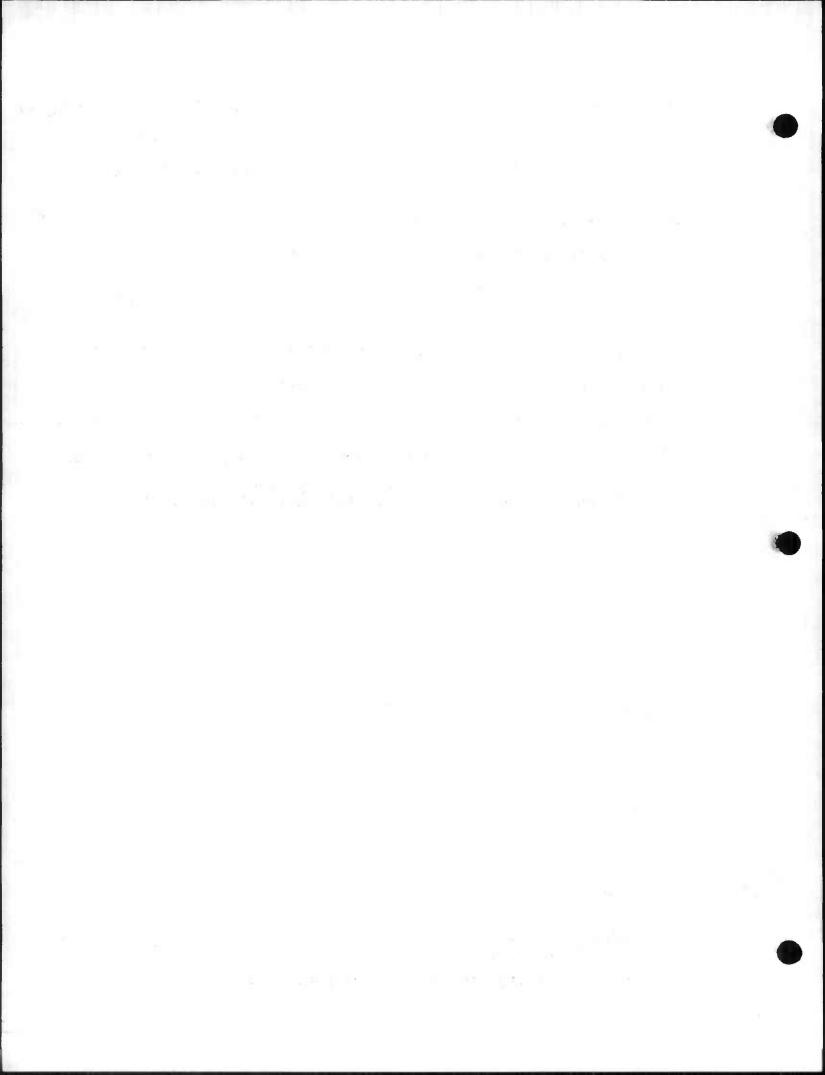
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Date of Death 3 Time of Death Month 06 -22-1997 **Physician** 1.20pm AMELIA FALKNER /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** TOWSON STELLA MARIS BALTIMORE 5. Sociei Security Number If Under 1 If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 02-21-1900 7. Age (In yrs. lest birthday) 9. Birthpiece (Stete or Foreign **Funeral** 1 M 2 F Days MARYLAND 97 Yrs 215-10-8368 Director Usual Residence of Decedent 10a State 10b County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23a or 28a-f show the Weolcal Examinar must be notified at 1 Yes 2 No Director TOWSON BALTIMORE the 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 2300 DULANEY VALLEY RD. 21204 U.S.A. Funeral 14. Rece - American Indian, Bleck, White, etc. 12. Wes Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes 2 No If Yas, Give Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 11 Marital Status Peges 1 end 2 should be filed within 72 hours efter nent of Health and Mental thygiene. Interest if item 27 is marked other than "natural", or item ny or other traumatic event, the Medical Engine ny or other traumatic event, the Medical Engine. 1 Never Married 2 Marriad 21215-0020 1 ☐ Yes 2 ☑ No Specify: by Specify: WHITE 3 Widowed 4 Divorced Yeer or Dates Completed 16e. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Dacedent's Education (Specify only highest grade completed) 16h Kind of Business/Industry Elamantary/Secondary (0-12) 12YRS • Collaga (1-4or 5+) FACTORY WORKER FACTORY WORKER Baltimore, Maryland 17. Fether's Name (First, Middle, Last) 18. Mother's Nama (First, Middle, Maiden Surname) Be RAYMOND FALKNER ROSA FISCHER 2 19e. informent's Name/Reletionship (Typa, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) SHARON DAILY (NURSE) 2300 DULANEY VALLEY RD. TOWSON, MD. 21204. 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 1 Burlel 2 ☐ Cremetion 3 ☐ Removal from Stete permit. Pege Department of Important: If any Injury or once. 4 ☐ Donation 5 ☐ Other (Specify) SACRED HEART OF JESUS06/26/97 BALTO., MD. 21. Signeture of Funeral Service Licenses 22. Name end Address of Fecility HENRY W. JENKINS & SONS CO. 4905 YORK RD. BALTO., MD. 21 S. Kares III elliam 21212. 23a. Part 1. Enter the diseasa, or complications that caused the deeth. Do not entar tha mode of dying, such as cardiac or raspiretory errest, shock, or hear failura. List only one causa on each line. Approximete Intervei Between Onset end Deeth **Physician** /Medical Immadiata Ceuse (Finel CANCER disease or condition resulting in deeth) **Examiner** mostly Examiner The law requires that the death certificete be executed physician end the buriel-trans Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying Ceusa (Diseese or injury that initiated events rasulting in deeth) Lest Dua to (or as a consequence of): Box 68760. Physician/Medical Due to (or es e consequence of): 85 use P.O. P signed by the et Pert II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? FAILURG 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, þ Completed 24b. Wera eutopsy findings evailable prior to 24a. Wes en autopsy performed? completion of cause of daeth? page 2 s has 1 Yes (2) No After this certificate 1 ☐ Yes 2 ☐ No of Vital anding Physician: director, 25. Wes cese referred to medicel examiner? Be 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Hospitei: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1□ Yes @No P funerel 27. Menner of Deeth 28e. Deta of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred Certification: 28c. Injury et Work? Bivision 5 Pending investigation 1 Natural Injury 1 Tyes 2 No 2 Accident 0 3 Sulcide 6 Could not be datarmined 28e. Plece of fnjury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicida alter Dire 1 Certifying Physician: To the bast of my knowledge, death occurred et the time, date end place, and due to the ceuse(s) and mannar as stated.

2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, deeth occurred et the time, date end place, and due to the ceuse(s) end mennar stated. 29a. Cartifiar Medical within 24 lb To the Fur completely (Check only one) To the 29b. Signature end title of cours in 29c. License number 29d. Date signed (Month, Dey, Yeer) 7 30. Nema end eddress of person who completed ceuse of deeth (Item 23e) (Typa, Print) 7600 OSLER DRIVE TOWSON, MD. 21204. EBRAHIM IPAKCHI

Like Mishar's Sign Mandall

DHMH 16 Rev 6/95

State Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle Last) 2. Deta of Death 3. Time of Death **Physician** Month **FOEHRKOLB** 20 3:10 A.M. 1997 June /Medical 4a. Fecility Neme (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Franklin Square Hospital Center Rosedale
If Under 24 Hrs. Baltimore If Under 1 Year 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) 8. Dete of Birth (Month, Day, Year) **Funeral** 15℃M 2□F Months Deys Hours Min. 86 Yrs. Director 212-26-6042 August 21,1910 Maryland Usuai Rasidence of Decedent death with the Maryland 10a State 10h County 10c. City, Town or Location 10d. Inside City Limits ral', or itema 23a or 28a-f show Examiner must be notified at 1 ☐ Yes 2 No Maryland Director Baltimore Essex 10e. Street end Numbar 10f Zin Code 10g. Citizen of What Country? 1129 Engleberth Rd. 21221 U.S.A. Funeral 12. Wes Decedant Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Reca - American Indian, Black, White, etc. filed within 72 hours after 1 ☐ Yes 2 TNo If Yes, Give Yeer or Detes: 1 ☐ Never Married 2 Married Specify: White Baltimore, Maryland 21215-0020 1 Yes 2 No þ 3 ☐ Widowed 4 ☐ Divorcad 'natural', Completed Pages 1 and 2 should be filed within 72 honent of Health and Mental Hygiene.
int: If Item 27 is merked other than "natur iry or other traumatic event, the Medical. 15. Decedent's Education (Specify only highest grade completed) Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Salesman Seafood 6 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Andrew J. Foehrkolb Sr. Dora Addics 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Teresa M. Foehrkolb (Wife) 1129 Engleberth Rd. Baltimore, Md. 21221 20e. Method of Disposition 20b. Plece of Disposition (Neme of cametary, cremetory or other plece) 20c. Location - City or Town, Stete 1 Buriel 2 Crametion 3 Ramoval from State 4 Donetion 5 Other (Specify) Department o Important: If any injury or Sacred Heart Of Jesus 6/23/1997 Baltimore Co. Md. 22. Neme end Address of Fecility Bruzdzinski Funeral Home P.A. 1407 Old Eastern Avenue Essex, Md 21221 Approximete Intervel Between Onset end Deeth ter the disease, or com-heart failure. List only Physician /Medical Immediete Ceuse (Final diseese or condition resulting in deeth) Critical Aortic Stenosis 1 week Examiner Due to (or es e consequenca of) Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting in deeth) Lest Due to (or es e consequença of) Box 68760, Physician/Medical 8 Due to (or as a consequence of) 950 requires that the death Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. 2 1 Tyee 2 No 3 Probably 4 Unknown Congestive Heart Failure þ 2 24b. Were eutopsy findings evelleble prior to completion of cause of death? Completed 24a. Wes an autopsy performed? Alzheimers **DB06 2** 1 ☐ Yes 2 No 1 ☐ Yes 2 No certificate Status Post Myocardial Infarction 1 week 25. Wes case referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 ☐ Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA # 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? After 5 Pending investigation 1 Neturel 1 Yes 2 No 2 Accident after death 6 Could not be determined 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stata) 28e. Piece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide ò 24 hours 29e. Certifier 1 🔀 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner es steted. Medical (Check only one) 2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end mennar stated. within 2 To the F To the 29b. Signeture end title of certified 29c. License number 29d. Dete signed (Month, Dey, Year) RD 1900 June 20 1997 OSE 30. Name end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print) 9000 Franklin Square Drive Baltimore, Md. 21237 Dr. Meredith Josephs, Restrar's Significandall 31. Dete filed (Month, Day, Year) State JUN 2 4 1997

DHMH 16 Rev 6/95

Registrar

State of Maryland / Depa

2. Dete of Dee	th			3. Time	of D	99
rtificate of Death	Reg. No.	5 1	1	1	U	
artment of Health and Mental Hyg	giene	97	- 1	91	3	1

Dey

Month

3. Time of Deeth

0030AM

10d. Inside City Limits

Approximete Interval Between Onset end Deeth

2 No

29d. Date signed (Month, Day, Year) JUNE 20, 1997

1 Xes 2 No

Physician
/Medical
Examiner

Maurice

1. Decedent's Neme (First, Middle, Last)

Funeral Director

the Marylend ral", or items 23s or 28s-f show Examiner must be notified at death 72 hours after 8 "natural", The Medical

ifiled within 7 Hygiene. traumetic svent. permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked othe any Injury or other traumatic svent ance.

21215-0020

Baltimore, Maryland

Physician /Medical Examiner

sician and buriel-transit The law requires that the death certificate be executed Box 68760 P. 88 P.O. be det Records, page 2 should Vital director

1997 R. Greene, Jr. 20, JUNE 4e. Fedility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth 1200 BLOCK NORTH BROADWAY BALTIMORE CITY If Under 1 Yeer If Under 24 Hrs. 5. Sociel Security Number 6. Sex 7. Age (in yrs. last birthdey) 8. Dete of Birth (Month, Dey, Year) Birthplece (Stete or Foreign Country) 1□_XM 2□ F Deys 213-23-8890 20 Yrs. 02-26-77 Md. Usual Residence of Decedent 10e. Stete 10b. County 10c, City, Town or Location Director MD NA Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 2809 The Alameda Funeral 21218 USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give 11. Marital Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien. Bleck, White, etc. 1 Never Married 2 ☐ Married 1 ☐ Yes 2 No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced Black Yeer or Detes: Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 10th Grade Salesman various trades 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) Be Linda Maurice R. Greene, Sr. Ross 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 21207 5004 Carmine Avenue Baltimore, Maryland Linda R. Kinard 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 X Burial 2 ☐ Cremetion 3 ☐ Removel from State Woodlawn Cemetery 06-25-97 Woodlawn, Md. 4 ☐ Donation 5 ☐ Other (Specify) e of Funeral Service Lice 22. Name end Address of Fecility Baltimore, Maryland WM.C.MArch FH 1101 E. North Avenue 21202 1 23e. Pert1. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart feilure. List only one ceuse on each line. Immediate Ceuse (Final diseese or condition resulting in deeth) ue to (or es e consequence of) Examine Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting In deeth) Lest Due to (or es e consequence of): Physician/Medical Due to (or es e consequenca of): Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? 1 □ Yes 2 □ No 3 □ Probably 4 Unknown by 24b. Were eutopsy findings evailable prior to Completed 24e. Wes en eutopsy performed? completion of cause of deeth? 1 Yes Be 25. Wes cese referred to medical 26. Plece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) AT SCENE 1⊠Yes 2□ No 2 28a. Dete of Injury (Month, Day Year) 28d. Describe how injury occurred 27. Menner of Deeth 28b. Time of Certification: 28c. Injury et Work? 5 Pending investigation 1 Neturel 1 Yes 2 No Subjust shit 0026 HR 2 Accident (/20/9) 286. Place of Injury - At home, ferm, street, factory, office determined

287. Location (Street and Number or Rurel Route Number, City or Town, Stete) 12 or 3 Lock North

City or Town, Stete) 12 or 3 Lock North

City or Town, Stete) 12 or 3 Lock North

City or Town, Stete) 12 or 3 Lock North

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City or Town, Stete) 12 or 3 Lock North

City or Town, Stete) 12 or 3 Lock North

Medical Examinar: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) 3 Suicide 45 Hemicide 29a. Certifier Medical (Check only one)

State Registrar

/HEODORE MIKER 31. Dete filed (Month, Dey, Yeer) JUN 2 4 1997

29b. Signature end title of certifier

30. Name and address of person who completed cause of 111 Penn Street, Baltimore, Maryland 21201 Registrar's Signeture ha Davidson

th (Item 23e) (Type, Print)

29c. License number

O.C.M.E.

within 24 hours

the

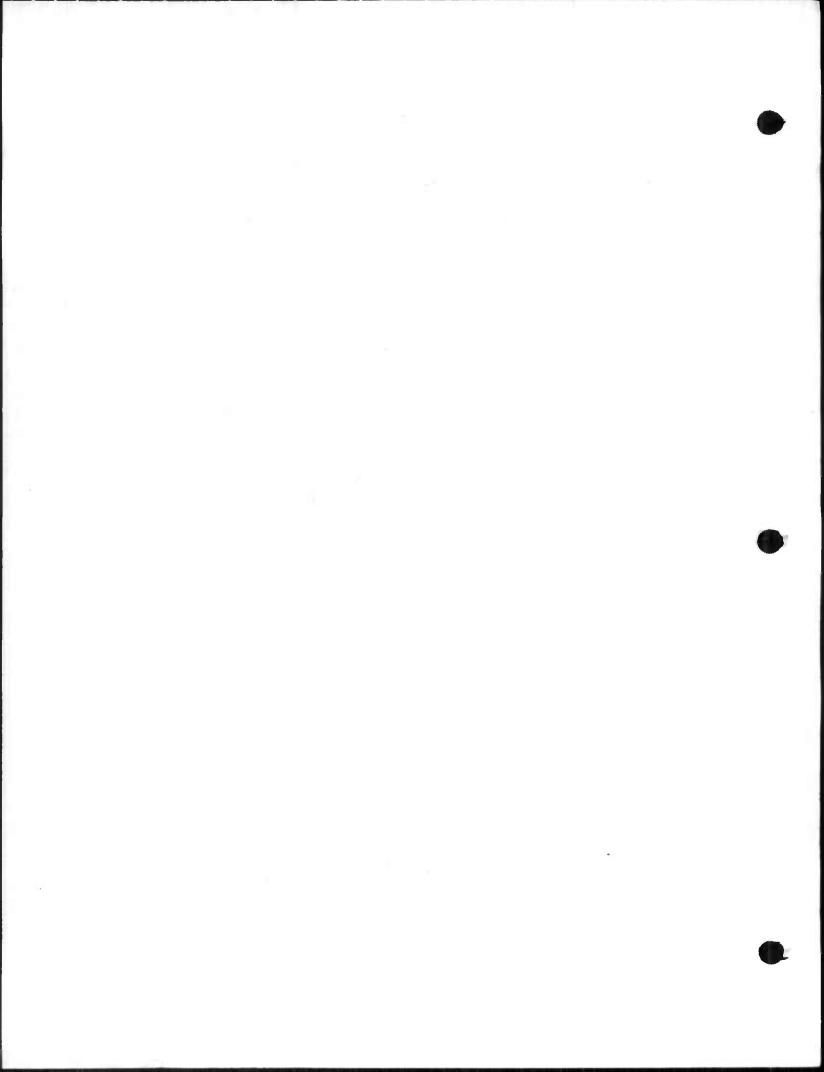
completely



BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physicia	y filled in by the funeral director, page 5 should be detached for use as the burial-trition, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760 ABALTIMORE, MARYLAND 21215-0020	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicia	TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

an. ransit permit. Pages 1, 2. 3 should

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)	GETTM	1 A N			2. DATE OF DEATH MONTH DAY JUNE 19,	1997	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 148-18-0695A	1 🖟 M 2 🗆 F	in yrs. lest birthday) 93 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) OCT. 10,19	6. BIRTY Count 03 RU	SSIA		
TOR	9a. FACILITY NAME (If not institution, give str HEBREW HOME OF GRE RESIDENCE OF DECEMENT		GTON	ROCKVIL	LE	ATH	MONTG			
DIRECTOR	10e. STATE 10b. COUNTY	SOMERY	10c. CITY	, TOWN OR LOCAT	ROCKV	ILLE	10d. INSIDE CITY LIMITS? 5√√√ YES 2 □ NO			
FUNERAL	100. STREET AND NUMBER 6121 MONTROSE, ROAD)		101	20852	1	USA	VHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 300	If yes, sp	ENDENT OF HISPAN Incity Cuben, Mexican 2 X NO Specify	HC ORIGIN? (Specify Yes or n, Puerto Rican, etc.)	No- 14. RACI Black Spec	E — American Indian, k, White, etc.		
PLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of w Wife. Do NOT use	ork done during mo retired.)	DN st of working	GARMENT	ESS/INDUSTRY			
BE COMPL	17. FATHER'S NAME (First, Middle, Lest) LEIBISH	ł	GETTMA			ME (First, Middle, Meiden Sur YENTA GIT		FERN		
20	19e. INFORMANT'S NAME (Type/Print) MR. SEYMOUR GETTMA		196. MAILING 1205 C	ADDRESS (Street a DAKVIEW	nd Number or Rural F DRIVE SI	Number, City or Town, S LVER SPRING	Stere, Zip Code) , MD 20	903		
	20s. METHOD OF DISPOSITION 1 Date 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) NEW MONTEFIORE 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC.									
CERTIFICATION	23. PART I. Enter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heer fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):									
MEDICAL	PART II. Other eignificent conditions DEMENTIA	contributing to deeth by	ut not resulting in	n the underlying	ceuse given in	Part I. 24e. WAS AN AU PERFORME	D?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
HYSICIAN:	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		F DEATH YES		UNCERTAIN	10				
BY PHYSI		1 Inpatient 2 ER/Outpi 28e. DATE OF INJURY (Month, Day, Year)	atient 3 DOA	OF 28c. INJ	JRY AT RK?	6 Other (Specify) 26d. DESCRIBE HOW INJU	JRY OCCURED			
CELED	3 Suicide 8 Could not be 4 Homicide datermined	28a. PLACE OF INJURY building, atc. (Speci	— At home, term, at	reat, tectory, office		28t. LOCATION (Street and City or Town, State)	Number or Rural F	loute Number,		
COMPL	One) 2 MEDICAL EXAMINER	IAN: To the best of my knowle : On the besis of examination			eath occured at the	time, data and place, and d) and manner as stated.		
10 BE	200. BIGMATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO		TH (ITEM 27) (Type	Citan Print)	29c, LICENSE NUM	584 21	DATE SIGNED	(Month, Day, Year) E 19, 1997		
	D-D-PATEL 31. DATE FILED (Month, Day, 19ar) JUN 24 1997	32. REGISTRAR'S SIGNA WILL WALLEDON-V	MOA	VTROSE	ROI	Corkulle	ME	20852		
	0011 N = 1931	/	1.11.010							



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** June 22, Day 997 2:37PM Frank Joseph Grasso /Medical 4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Greater Baltimore Medical Center Towson Baltimore | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) | 9. Birthplace (State or Formation) | 1. Days | Hours | Min. | Dec. 22, 1908 | Brooklyn, NY 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral ₩**M 2□F 066-09-7872 88 Yrs. Director Usual Residence of Decedent the Marylend 10a. Slate 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or Items 23a or 28a-f show treumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2 No Director Baltimore Glen Arm 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 12904 Kanes Road 21057 USA 11. Marital Status 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedenl of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puerto Rican, etc.) Rece - American Indien, Biack, White, etc. permit. Peges 1 and 2 should be filed within 72 hours after to Department of Health and Mentel Hygiene. Important: If item 27 is merked other than "natural", or item any injury or other treumatic event its. 1 ☐ Yes 2 No If Yes, Give Yeer or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 White 1 ☐ Yes 2 No Specify: þ 3 ₩ Widowed 4 Divorced Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) Pan American 12 yrs Supervisor N/A World Airways 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Ciriaco Grasso Sarafina 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 12904 Kanes Road, Glen Arm, MD 21057 Barbara Champney - Daughter 20b. Piaca ot Disposition (Neme of cemetery, cremetory or other piece) 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State Dulaney Valley Mem.Gard. June 23, 1997 Timonium 5 Other (Specify) of Funeral Service Licenson 22. Name and Address of Facility Lemmon Funeral Home 24/04 Bryan W. Clary

23a. Part. Shart in disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock for heart billure. List only one cause of each lim. 10 W. Padonia Rd., Timonium, MD 21093 Approximate Interval Between Onset and Death **Physician** Immediate Ca Finel disease or condition resulting In death) /Medical Chronic Renal failure Mtho Examiner Examiner Sepsis ettending physician and for use es the bunel-transit death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or es a consequence ot): P.O. Box 68760, Physician/Medicai Due to (or es a consequence ot): Part tl. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Be Completed by 24e. Was an autopsy performed? 24b. Were autopsy findinga available prior to completion of cause of death? Reco certificate 1 Yes 2 No Division of Vital Hospital or Attending Physician: 24 hours effer death. 25. Wes case reterred to medical examiner?
1 Yes 2 No 26. Piace of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 dinpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: To 27. Menner of Death 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. tnjury at Work? After 5 Pending Investigation 1 Yes 2 No Director: / 2 Accident 3 Sulcide 6 Could not be 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, State) To the Hospital or A within 24 hours efter To the Funeral Directompletely filled in by 4 THomicIde 1 Certifying Phyalcian: To the best of my knowledge, death occurred et the time, dete and placa, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the besis of examination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and menner stated. Medical 29a, Certifier 29b. Signature and title of cartifier 29c. License number 29d. Date signed (Month, Dey, Year) Mark Lames 4) 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) Dr. Mark Lamos, 9 Schilling Road, Hunt Valley, MD 21031 32. Registrar's Signature 31. Date tiled (Month, Day, Year) State a Davidson Pandalle JUN 24 1997 Registrar

Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Item 8 per FH Film G758 6-24-97 rja Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2 Date of Death **Physician** Month CLARENCE F. GRINNAGE JR. 6 /Medical 4e. Fecility Nema (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner BALTIMORE BALTIMORE VA MEDICAL CENTOL N/A If Undar 1 Year | If Undar 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthday) 9. Birthplece (State or Foreign **Funeral** 10 M 2□ F Deys 218-07-8124 MARYLAND Yrs. Director Usuai Rasidance of Daceden permit. Peges 1 and 2 should be filed within 72 hours effer death with the Menylend Department of Health and Mentel Hyglene.
Important: If them 77 is a marked other than "naturel", or items 23a or 28a-f show any injury or other traumatic event, the Medical Exertment must be notified as 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits XX Yas 2 No Directo MARYLAND N/A BALTIMORE CITY 10e. Street and Number 10f. Zlp Coda 10g. Citizen of What Country? 3816 ROLAND VIEW AVENUE 21215 U.S.A. 12. Was Decedent Ever in U,S. Armed Forcas? Was Dacedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuben, Maxican, Puarto Rican, atc.) 14. Rece - American Indian, Bleck, Whita, atc. MYYas 2 No fi Yes, Giva Yaar or Datas: 1 Navar Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 (No Specify: Specify: BLACK þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elemantary/Secondery (0-12) Coilega (1-4or 5+) CONSTRUCTION LABORER 9th grade 17. Father's Nama (First, Middla, Last) 18. Mothar's Nema (First, Middla, Maiden Sumeme) Be CLARENCE G. GRINNAGE, SR. 10 unknown 19e. Informent's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Routa Number, City or Town, Steta, Zip Code) 21215 Inez Grinnage/Wife 3816 Roland View Avenue, Baltimore, Maryland 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Burial 2 Cramation 3 Ramovel from Stata
4 Donation 5 Other (Specify) GARRISON FOREST VETERANS 6-24 OWINGS MILLS, MARYLAND 21. Signature of Funeral Sarvice Liceration 22. Name and Addrass of Facility WILLIAM C. BROWN COMMUNITY F/H 1206 W. NORTH AVENUE 23a. Pert1. Entar the disease, or complications that caused the deeth. Do not antar the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Intarval Between Onset and Daath **Physician** /Medical Immedieta Causa (Final METASTATIC LUNG GANCER diseasa or condition rasulting in deeth) Examiner Examiner attending physician end for use es the burial-trensit Sequantially list conditions, if any, leading to immadiata causa. Entar Undarlying Causa (Disaase or Injury thet initiated evants rasulting in daath) Last Dua to (or as a consequence of): P.O. Box 68760. Physician/Medical Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings evallable prior to Completed 24a. Was an autopsy completion of cause of death? 1 Yes 2 No 1 Yas 2 No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, i 25. Was casa rafarred to madical 8 26. Placa of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No 27. Mannar of Death 26a. Deta of Injury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how injury occurred Certification: 28b. Time of 5 Panding invastigation Netural 1 ☐ Yas 2 ☐ No 2 Accidant 3 Sulcida 6 Could not be determined 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, ferm, straat, factory, office bullding, atc. (Specify) 4 Homicida Medical to Certifying Physician: To the best of my knowledga, daath occurred at the time, dete and place, and dua to tha causa(s) and mannar as stated.

Medical Examiner: On the basis of axamination and/or investigation, in my opinion, daath occurred at tha tima, date and place, and dua to tha cause(s) and mannar stated. 29e. Cartifiar 29b. Signeture end titla of certifiar 29c. Licensa number 29d. Date signed (Month, Dey, Year) D0050286

State Registrar 31. Data filed (Month, Day, Year)

JUN 2 4 1997

North Greene

ST · BAM MORE 32. Registrar's Signatura

30. Name and addrass of person who complated dausa of death (Itam 23a) (Type, Print)

Registrar's Signatura

Davidson-Aandelle

21201 KAREN S MACMURDY MD

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3 Time of Death **Physician** Month atthew Gru55 June /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner of Maryland Medical System HUNDER BOUT BOUTE university 5. Social Sacurity Number 7. Age (In yrs. lest birthday) Birthplace (Stete or Foreign Country) 1⊠M 2□F Months Days 15 Yrs 218-17-6138 VIRGÍNIA 29, 1981 Dec. Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore Baltimore 1 ☐ Yes 2 No Director Maryland 10e. Street and Numbar 10f. Zip Coda 10g. Citizen of What Country? 3028 New York Avenue 21227 United States Funerai 12. Was Dacedant Evar in U,S. Armed Forces? 1 ☐ Yes 至至No If Yes, Give Yaar or Dates: 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Mexican, Puarto Rican, etc.) Race - Amaricen Indian, Black, White, etc. XX Nevar Married 2 ☐ Married Specify: White 1 Yes 2₺ No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) N/A Student 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Be Sally Palmisano Joseph Gruss 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Sally Wallin / Mother 3028 New York Ave., Baltimore, MD 21227 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 Burial 2 Cremation 3 Removal from State 6/26/97 Baltimore, MD 4 Donation 5 DOther (Specify) Loudon Park Cemetery 22. Name and Address of Facility Loudon Park Funeral Home 21. Signature of Funeral Service Lice 3620 Wilkens Ave., Baltimore, MD and 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, nock, or heart failure? List only one cause on each line. Approximata Interval Between Onset and Death . Traumatic Pulmonary Contusion Immediate Ceuse (Final disease or condition resulting in death) Head In Horodo BY Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or Injury that Initioted events resulting in death) Last Physician/Medical Dua to (or as a consequence of). Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No À 24b. Were eutopsy findings evallable prior to completion of cause of deeth? Completed 24a. Was an autopsy performed? 2 X No 1 Yes 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner?
1 X Yes 2 □ No Be 26. Place of Death (Check only one) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) P 1 Inpatient 2 ER/Outpatient 3 □ DOA Dete of injury (Month, Dey Year) 27. Manner of Daeth 28b. Time of 28c. Injury at Work? Certification: 28d. Describe how injury occurred 5 Pending investigation 1 Natural 1300 1 Yes 2 Accident motor vehicle collision 6 Could not be determined 3 Suicida 28e. Place of Injury - At home, farm, straet, factory, office building, atc. (Specify) 28t. Location (Straat and Number or Aural Agute Number, Ballinger Number), Ballinger Number, Georgia Ave 4 Homicide street 155 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medicai 29a. Certifier (Check only one) 29b. Signature and title of cartifier 29c. License number 29d. Date signed (Month, Dey, Year) WD

State Registrar

Division of Vital Records, P.O. Box

The law requires that the death

or Attending Physician:

signed by the

certificate

this

After

s effer dea.

To the Hospital within 24 hours To the Funeral

completely

JUN 2 4 1997

30. Name and address or person who completed cause of deeth (Hem 23a) (Type, Print)

LIDER T BUSKETVILLE 22 3. Greene Street Baltimore, Hd. 21201 legistrar's Signature

Funeral

Director

28a-f show

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itams 23a

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"natural",

nd Mentel Hygiene. marked other than

permit. Pages 1 and 2 should be file Department of Haalth end Mentel Hy Important: If Item 27 is marked other any Injury or other treumatic event

Physician

/Medicai

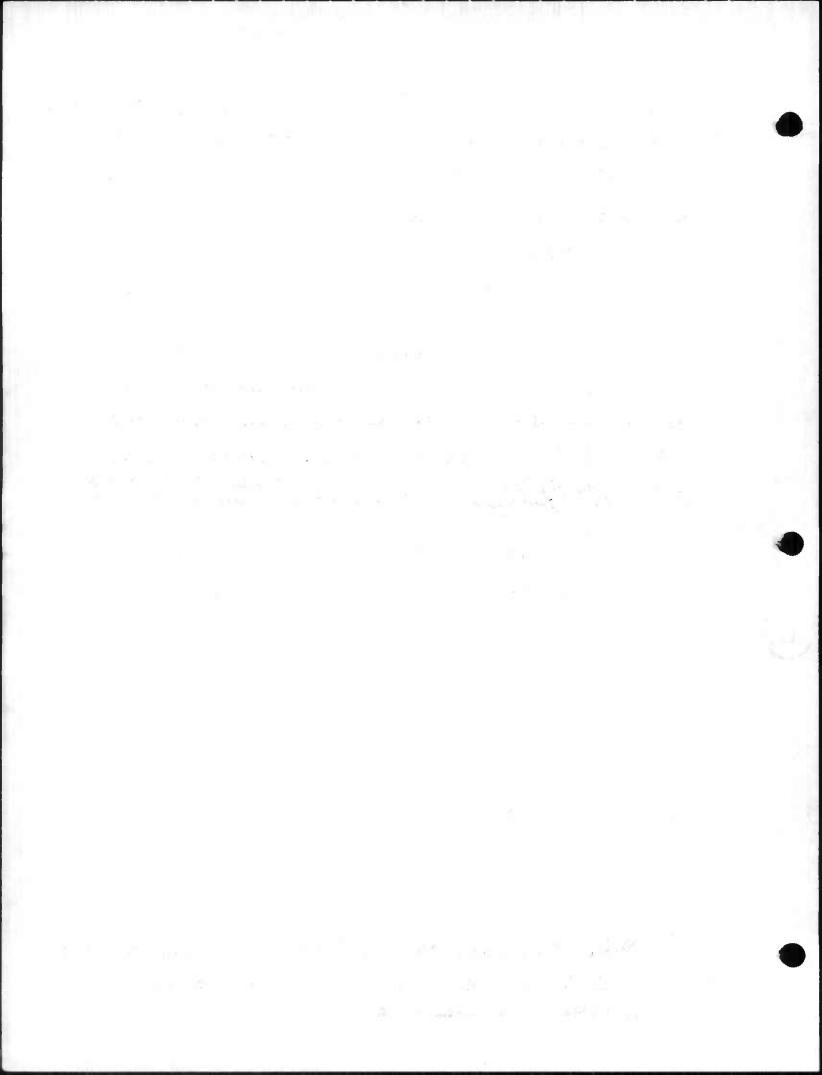
Examiner

traumatic event, the Medical Examiner must be notified at

the Marylend

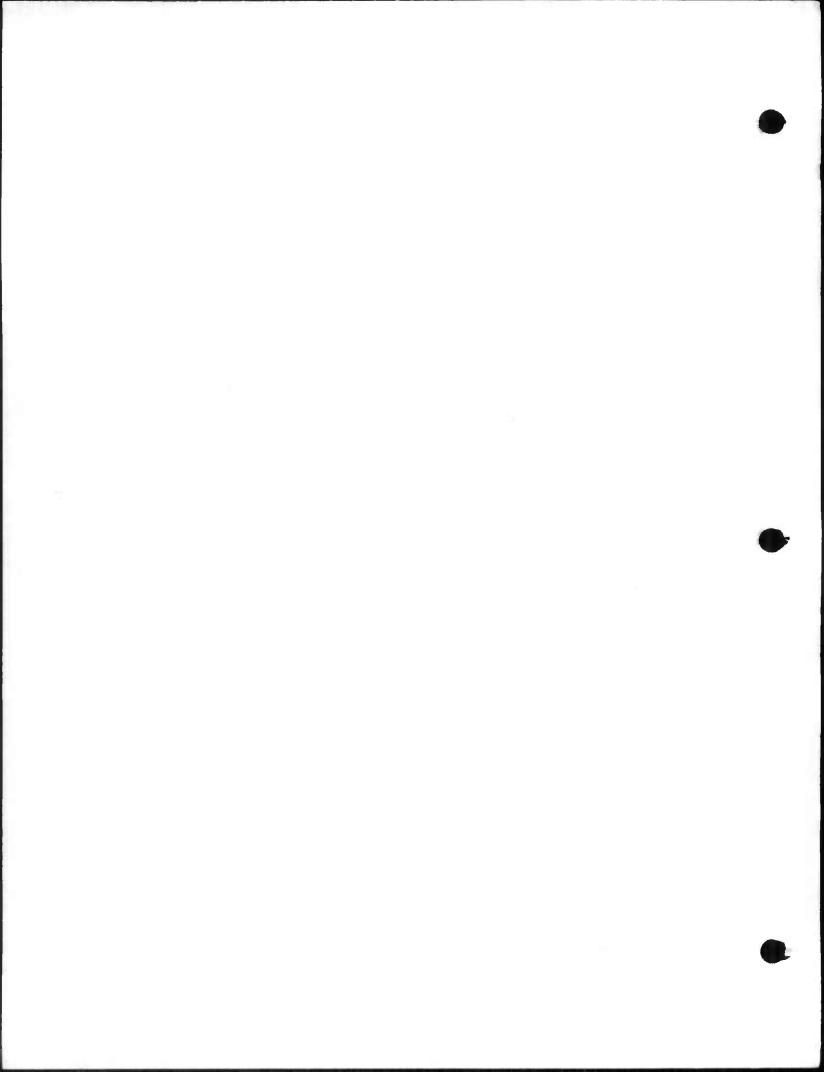
filed within 72 hours effer

Baltimore, Maryland 21215-0020



DIVISION OF VITAL RECORDS, P.O. BOX 68760

IVA 1 M 2 L/F U YRS.	2.	REG. NO. DATE OF DEATH MONTH DAY	3. TIME OF DEATH								
4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 Ve 0 VRS. MONTHS		MONTH DAY									
NA 1 □ M 2 □Xe O VRS. MONTHS 0		JUNE 20, 199	7 3:25AM M								
IVA 1 W 2 LIVE U VAS.	YEAR IF UNDER 24 HRS. 7.	DATE OF BURTH	8. BIRTHPLACE (State or Foreign								
Se EACH ITY NAME (If not institution give street code	DAYS HOURS MIN.	UNE 20, 1997	Country								
96. FACILITY NAME (if not institution, give street end number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH PROVICED BY A LICENSE OF THE PROVICED B											
GREATER BALTIMORE MEDICAL CENTER	GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE										
10e. STATE 10b. COUNTY 10c. CITY, TOWN OR	LOCATION		10d, INSIDE CITY								
E MD Cardiff			LIMITS?								
10a, STREET AND NUMBER											
GREATER BALTIMORE MEDICAL CENTER RESIDENCE OF DECEDENT 100. STATE 100. CITY, TOWN OR Cardiff 1010. STREET AND NUMBER 1619 Chestnut Street 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES7 1 YES 2 NO 11. WAS DECEDENT EVER IN U.S. ARMED FORCES TO THE PROPERTY OF THE PROP	21024		USA								
11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED 13. WAS DECEOENT EVER IN U.S. ARMED 15. WAS DECEOENT EVER IN U.S. ARMED 17. Namer Married 18. WAS DECEOENT EVER IN U.S. ARMED 19. WAS DECEOENT EVER IN U.S. ARMED 19. WAS DECEOENT EVER IN U.S. ARMED 19. WAS DECEOENT EVER IN U.S. ARMED 19. WAS DECEOENT EVER IN U.S. ARMED 19. WAS DECEOENT EVER IN U.S. ARMED 19. WAS DECEOENT EVER IN U.S. ARMED 19. WAS DECEOENT EVER IN U.S. ARMED 19. WAS DECEOENT EVER IN U.S. ARMED 10. WAS DECEOENT EVER IN U.S. ARMED 10. WAS DECEOENT EVER IN U.S. ARMED 10. WAS DECEOENT EVER IN U.S. ARMED 10. WAS DECEOENT EVER IN U.S. ARMED 10. WAS DECEOENT EVER IN U.S. ARMED 10. WAS DECEOENT EVER IN U.S. ARMED 10. WAS DECEOENT EVER IN U.S. ARMED 10. WAS DECEOENT EVER IN U.S. ARMED 11. WAS DECEOENT EVER IN U.S. ARMED 12. WAS DECEOENT EVER IN U.S. ARMED 13. WAS DECEOENT EVER IN U.S. ARMED 14. WAS DECEOENT EVER IN U.S. ARMED 15. WAS DECEOENT EVER IN U.S. ARMED 16. WAS DECEOENT EVER IN U.S. ARMED 17. WAS DECEOENT EVER IN U.S. ARMED 18. WAS DECEOENT EVER IN U.S. ARMED 19. WAS D	AS DECENDENT OF HISPANIC O		14. RACE — American Indian, Black, White, atc.								
	yes, specify Cuban, Mexican, Pt YES 2 NO Specify:	Jerto Hican, atc.)	Specify: White								
	MARATICAL										
(Specify only highest grade completed) (Give kind of work done dur iffe. Do NOT use retired.)	ring most of working	16b. KIND OF BUSINESS/ING	DUSTRY								
Elementary/Secondary (0-12) College (1-4 or 5 +) NA		NA									
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) NA 17. FATHER'S NAME (First, Middle, Last) 16a. DECEDENT'S USUAL OCC (Give kind of work done during life. Do NOT use retired.) NA NA NA	18. MOTHER'S NAME (First, Middle, Maiden Surname)									
Louis (unknown) Gambill		rie Burns									
196. INFORMANT'S NAME (TyperPrint) 196. MAILING ADDRESS (S	Street end Number or Rural Route	Number, City or Town, State, Zig	O Code Towson, MD								
Thomas M. Sullivan C.B.M.C.,	Pathology	Dpt., 6701	N. Charles								
20e. METHOD OF DISPOSITION 1	ION (Name of	OATE 20c. LOCATION -									
1 Usuriol 2 XI Cremation 3 Usernoval from State 4 Donation 5 Other (Specify) Green Mount 21. MATURE ON FUNERAL SERVICE LICENSES (22. NA	imore, MD										
	enry W. Jer		2.5								
4	905 York Ro	BAltimo	ore, MD 21212								
shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or bondition resulting in death) EXTREME PREMATURITY DUE TO (OR AS A CONSEQUENCE OF):	IMMEDIATE CAUSE (Fine) disease or bandition resulting in death) EXTREME PREMATURITY Onset and Death 1 HR										
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Due to (or as a consequence of): oue to (or as a consequence of): d.	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events out to (or as a consequence of):										
PART II. Other algnificant conditions contributing to death but not resulting in the under	erlying ceuse given in Part	I. 24s. WAS AN AUTOPSY									
		PERFORMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE								
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO NOTICE STAMMINER? 1 VES 2 NO NO NOTHER: 1 NO		120 270 110	OF DEATH?								
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO	O UNCERTAIN £] [
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)											
1 YES 2 NO NO NO INDICATE 3 DOA 4 Nursing	1 YES 2 NO 1\times 1 DOA 1 Norsing Home 5 Residence 6 Other (Specify)										
2 Accident Investigation	WORK? 1 YES 2 NO	I. DESCRIBE HOW INJURY OC	CURED								
3 Suicide 6 Could not be determined 4 Homicide determined	y, office 281.	LOCATION (Street end Number City or Town, State)	r or Rural Route Number,								
(Check only 1 LA CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime											
296. SIGNATURE AND TITLE OF CONTIFIENT	29c. LICENSE NUMBER	29d. DAT	E SIGNED (Month, Day, Year)								
30. NAME AND ADDRESS OF PERSON WHO COMPLETED PAUSE OF DEATH (ITEM 27) (Type, Print)											
Robert Pegues, M.D. 1205 York Rd - Suite 34	4: Luthervill	e MD 21093									
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE											
31. DATE FILED (Month, Day, You) JUN 24 1997 Juna Savidson Rendells											



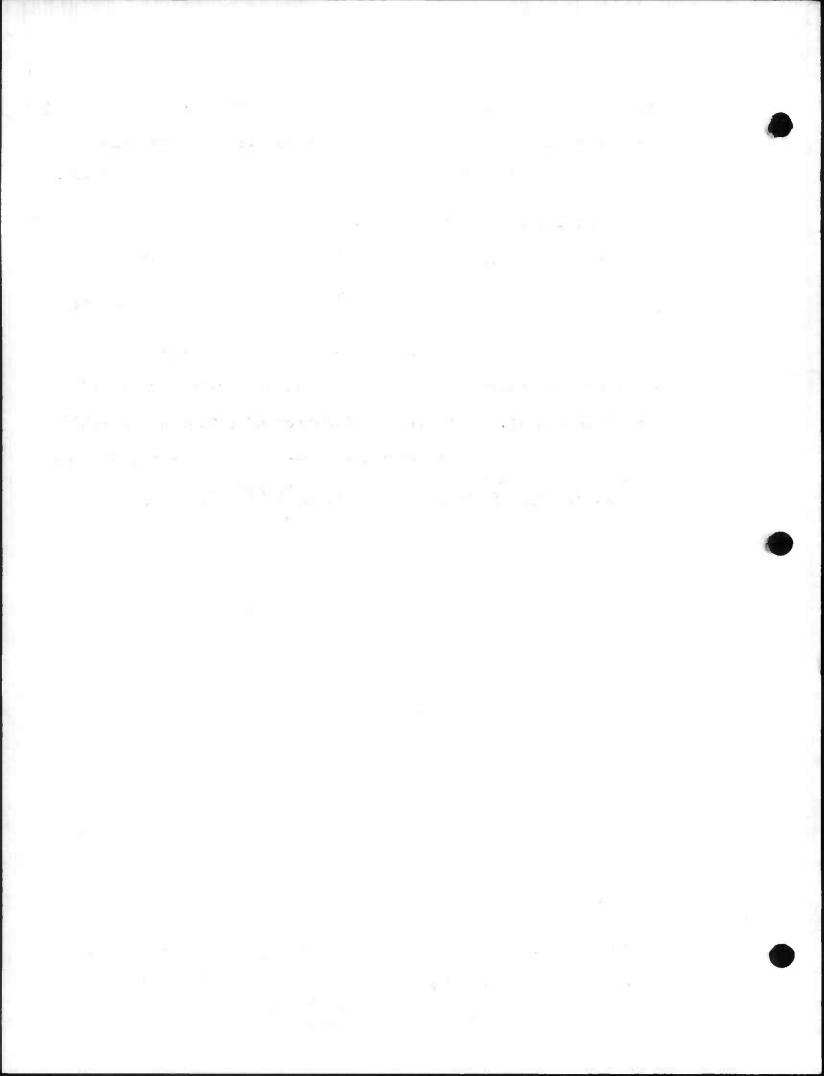
State of Maryland / Department of Health and Mental Hygiene

Cortificate of Death

19140

						Ce	rtificate of	r Death		Reg. No.			
	Physic /Medi		1. Decedent's Name (First, Mi Helen M.	Harris					2. Date of De Month June	-	999	3. Time of Death 8:30 AM	
	Exami		4e. Facility Neme (If not institu 2833 Baltimo		umber)			4b. City, Town, or Finksbu	rg	C	of Death	e	
	Funeral Director		5. Social Security Number 217-12-2056	6. Sex 1 ☐ M 2 💢 F	7. Age (In yrs	. lest birthdey) 4 Yrs.	If Under 1 Year Months Dey		8. Date of Bi (Month, D. June	rth Year) 22, 1913	9. Birthp Coun Mart	lace (State or Foreign try) Yland	
	Maryland H show	tor	Usual Residence of Decedent 10e. State 10b. Cou Md. Ca	rvoll		c. City, Town or Location 10d. Inside City Finksburg 1							
	or 28	Director	10e. Street end Number				10f. Zip Code		-	10g. Citizen of	What Coun	try?	
	23a c	ai	2833 Baltimo	re Blud.			210	48		USA			
020	filed within 72 hours after death with the Maryland Hygiene. ther then "natural", or items 23a or 28a-f show ent, the Medical Examiner must be notified at	by Funeral	11. Marital Status 1 ☐ Never Married 2 ☐ N 3 🖄 Widowed 4 ☐ Divord	Armed F	2 X No		Was Decedent of If Yes, specify Cu 1 ☐ Yes 2 ☑ No	Hispenic Origin? (S rban, Mexican, Puerl Specify:	pecify Yes or Noto Rican, etc.)	o- 14. Rac Bla Specif	ck, White,	American Indien, White, etc.	
2-0	72 ho		15. Deced	lent's Education	,	16a. Dece	dent's Usual Occ	upation	42.0	16b. Kind of B			
Baltimore, Maryland 21215-0020	filed within 72 he Hygiene, Ither then "netu	Completed	Elementary/Secondary (0-1:	thest grade completed 2) College	Completed) College (1-4or 5+)		nemaker	upation e during most of wo red)	rking	Own Home			
	Mental Mental arked c	To Be	17. Fether's Neme (First, Midd Irvín E. Bos			18. Mother's Name (First, Middle, Maiden Surneme) Alice Naylor							
Mar	2 sho n and ls me raum		19a. Informant's Name/Relation					et and Number or Ri					
e,			Charles A. Ha 20a. Method of Disposition	rris / son		1956 Nicodemus Road Place of Disposition (Name of			Westminster, Md			21157	
altimor	ages 1 annt of Haal If Item 2		1 Bunal 2 ☐ Cremetic		State	cemetery, crea	metory or other p	,	25-97 Finksburg				
	permit. Pages 1 an Department of Haal Important: If Item 2 eny Injury or other once.		4 ☐ Donation 5 ☐ Other 21. Signature of Funeral Servi		Sa		nt Cemet	45 00					
Ba	permit. F Departme Importan eny Injur		11824 Reisterstown Road										
	-		23a. Part1. Enter the diseese.	or complications that	caused the dee						Md.	21136 Approximate	
	Physician /Medical Examiner	ner	shock, or heart failure. I Immediate Cause (Final disease or condition resulting in deeth)		hronic	and or as a consec	emia quenca of):					Interval Between Onset and Death Sylvans	
68760,	certificate be executed nding physician and use as the bunal-transit	edical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Last Due to (or as a consequence of): Due to (or as a consequence of):										
Box (e 2 "	3	d										
P.O.	he de	Physicia	Part II. Other significant cond	itions contributing to c	death but not res	sulting In the u	nderlying cause (iven in Part I.	23b. Did	tobacco uee co	ntribute to	the cause of death?	
σ.	that the bed by data	y Ph	Degenerative dementia							Yes 20 No	3 Prot	ably 4 Unknow	
Records,	law requiras that the deatt as been signed by tha atta s 2 should be datached for	Completed by								s an autopsy ormed?	CON	ore autopsy findings allable prior to appletion of cause death?	
	The horage	HO							10	Yes 2 100	10	Yes 2□ No	
ita	nysician: Thi	Be	25. Was case referred to med examiner?	cal				26. Place of Dea	ath (Check only	one)			
7 \	8 00	10	1 Yes 2 No			ER/Outpetier	nt 3 DOA	other: 4 - Nursing H	lome 5 Das	idenca 6 Oth	er (Specify)	
Division of Vital	To the Hospital or Attanding Ph within 24 hours aftar death. To the Funeral Director: After thi complataly filled in by the funaral	Certification:	2 - 100100111	stigation	of Injury oth, Dey Year)	28b. Time of Injury	W	uryat ork? ⊒Yes 2 ☐ No	28d. Describe	how Injury occur	red		
Ŏ Ž	s aftar da si Direct	Certific	3 Suicide 6 Cou 4 Homicide dete	mined 288. Plac	a of Injury - At h ling, etc. <i>(Speci</i>		eet, factory, office	A		(Street end Numl wn, State)	er or Rure	l Route Number,	
	To the Hospital or Attanding is within 24 hours aftar death. To the Funeral Director: After complataly filled in by the funar	edicai	29a. Certifier (Check only one)	ying Physician: To the al Examiner: On the b and mar	e best of my kno basis of examina oner stated.	owledge, death ation and/or In-	occurred at the vestigation, in my	time, date and place opinion, death occu	, and due to the irred at the time,	cause(s) and ma dete and place,	anner as st and due to	ated. the cause(s)	
	To th To th comp	Me	29b. Signature and title of cert	May por			-	2222		29d. Dete signe June		Dey, Year) 1997	
_	3		30. Name and address of personal Ellis Mez, M	.D. 164	se of death (Item 5 Liber			e 204 E	ldersbu	rg, Md.		•	
	Sta Registr		JUN 2 4 1	32.) 397 Ju	Registrar's Signa Ria Javids	ature	982			•			

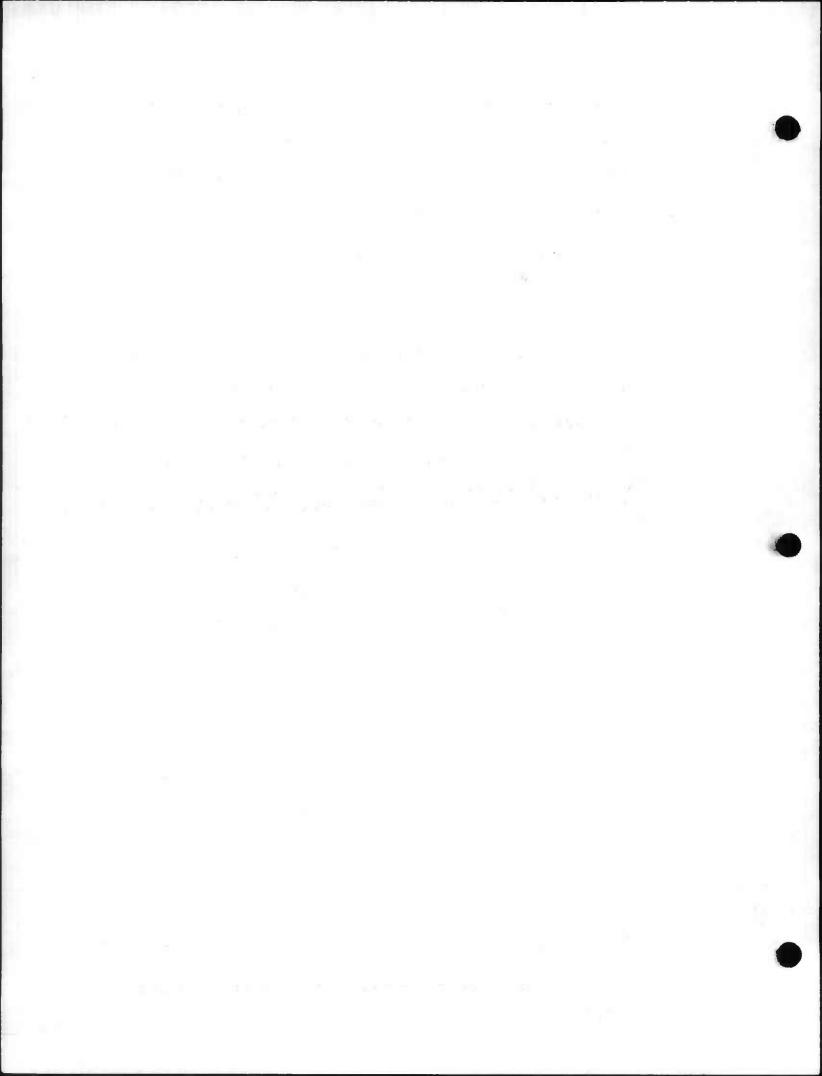
				State of Ma	-	epartment of the control of the cont			giene Reg. No.	7	19141
	Physic /Medi		1. Decedent's Neme (First, Middle, Last) HELEN C • HALL						20, 199		3:30 FM
	Examir Funeral Director	To Be Completed by Funeral Director	4a. Fecility Neme (If not institution, give street end number) College Manor 5. Sociel Security Number 212-18-2034 6. Sex 7. Age (In yrs. lest to the second street end number) 91			dey) If Under 1 Yeer Months Deys	Hours Min	ille 8. Dete of Bir	Balt	imor	oca (Stete or Foreign
	aryland show det		Usuel Residence of Decedent 10e. Stete 10b. County		10c. City, Town	or Location					d. Inside City Limits
	ith the Marylan or 28s-f show		MD Baltimore I,utherville 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country?								1□ Yes 2₩ No y?
21215-0020	d within 72 hours after death w plena. r then "naturel", or items 23a the Medical Examinat mast t		300 West Semin 11. Meritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent E Armed Forces? 1 Yes 2 D N If Yes, Give X Yeer or Detes:	ver in U,S.	210	Hispenic Origin? (Specien, Mexican, Puerto	ecify Yes or No Rican, etc.)	USA 14. Rec Blee Specify	e - America ck, White, et	tc.
			15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) 12 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. Do NOT use retired) Secretary						16b. Kind of Business/Industry College		
Maryland	d 2 should be filed th and Mental Hygis 7 is marked other traumatic event, if		17. Father's Neme (First, Middle, Last) J. Elmer Ga	alloway			18. Mother's Neme	(First, Middle, Atkir		wfor	d
	od 2 sho ith and 27 is me		19e. Informent's Neme/Reletionship (1			Melling Address (Stree	tend Number or Rurs uxton Rd				
Baltimore,	permit. Pages 1 and 2 Department of Health a Important: If Item 27 is any Injury or other tra once.		20e. Method of Disposition 1 Buriai 2 Cremetion 3 4 Donetion 5 Other (Specify	Removel from Stete	20b. Plece of Cometery,	Disposition (Neme of cremetory or other ple	ece)	Date	20c. Location - Balti	City or Tow	m, Stete
	permit. Per Department Important: any Injury once.		21. Signeture of Funerel Service Licen	500 R VOV			ess of Fecility W. Jenki: ork Rd.,			MD	21212
Division of Vital Records, P.O. Box 68760,	Contilicate be associted with the properties of the principle of the princ	Medical Certification: To Be Completed by Physician/Medical Examiner	Immediate Ceuse (Finel disease or complete Ceuse (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	e. Candi		insequence of):					Approximate interval Between Driset and Deeth
	that the death certificated by the attending postering the detached for use as		Pert II. Other significant conditions co	entributing to death bu	t not resulting in t	he underlying cause g	iven in Pert I.	23b. Did	~/	ntribute to t	the cause of death?
	v requires been sign should be		Autrimm	e A	epoliti	S		24a. Wes	an autopsy prmed?	svai	e autopsy findings leble prior to pletion of cause eath?
	The ate h		25. Was case referred to medical					10	~	10	Yes 2□ No
	Anst Physician: Anst this certific		exeminer?	28a. Dete of Injury (Month, Day	enitel:			eth (Check only one) Home 5 □ Residence 8 □Other (Specify) 28d. Describe how injury occurred			
	Direct de		3 Sulcide 6 Could not be determined	286. Piece of Inju	Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)			28f. Location (Street and Number or Rural Route Number, City or Town, State)			
	n 24 pospit n 24 pour Ne Funition pletely fills		29a. Certifying Phy (Check only one) Certifying Phy 2 Medical Exam	reician: To the best of inar: On the basis of end menner stet	exa <i>m</i> inetion end/	deeth occurred et the to or investigation, in my	ime, dete and piece, e opinion, deeth occurre	end due to the ed at the time,	cause(s) end me dete and plece,	enner as ste and due to t	ted. ha cause(s)
	To the vithin 2 To the comple		29b. Signeture and title of certifier 2 9 9			29c. Licen	37 (33		29d. Date signe	o /9;	ey, Year)
	24		30. Nema and eddress of person who of	ompleted cause of de	eth (Item 23e) (T	ype, Print)	m M) a	1204		
	Sta Registr	_	31. Date filed (Month, Dey, Year) 31. Date filed (Month, Dey, Year) 31. Date filed (Month, Dey, Year)	32 Registra	r's Signeture	,		,			



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				State of Ma	-	epartment of Certificate of			g. No.	7 1	9142	
	Physic	ian	Decedent's Neme (First, Middle, III)					2. Date of Deeth Month	Day Y	eer	. Time of Deeth	
V.	/Medi		ELIZABETH	S. HARI	DY			June 21		7	7:00 AM	
	Examii	ner	4e. Fecility Neme (If not institution, g				4b. City, Town, or L	ocation of Deeth	4c. County of	Deeth		
H	Funeral	Be Completed by Funeral Director		Sex 7. Age	(În yrs. last birth	Months Devs			8. Dete of Birth (Month, Dey, Year) 9. Birthplace (State or Foreign Country)			
W.	Director		216-46-1550 Usuel Residence of Decedent	1□M 2⁄√F 9() Y	rs.		Apr.4,	1907 M	aryla	and	
21215-0020	puel *		10a. State 10b. County		10c. City, Town	or Location				10d. J	Inside City Limits	
	with the Marylend a or 28a-f show		MD NA		Balt	imore					XYes 2□No	
	r 28		10e. Street and Number 10f. Zip Code						g. Citizen of Who	at Country?		
	th wil		840 W. 40th St.			2121	1		USA			
	72 hours after death with the Marylend "natural", or items 23s or 28s-f show added Examiner must be notified at		11. Maritai Status 1 □ Never Married 2 □ Married 3 ▼ Widowed 4 □ Divorcad	12. Wes Decedent E Armed Forces? 1 ☐ Yes 2 1 N It Yes, Give Year or Dates:		13. Was Decedent of it Yes, specify Cub		ecify Yes or No- Rican, etc.)	Black,	American Ir White, etc. White		
2-0	72 ho		15. Decadent's Education 16e. Decedent's Usuel Occupetion				petion	1	6b. Kind ot Busin	ness/Industr	у	
21	i within 72 ho Jiena. r than "natur me Mad cal		(Specify only highest grede completed) (Give kind of work done during life. DO NOT use retired)				adning most of work ad)	ing				
121			47 Fahada Nama (First Middle 1	4	Н	omemaker			Own H	ome		
Maryland	od fall o		17. Fether's Neme (First, Middle, Let William Georg		+			e (First, Middle, M H. Laz				
N.	s 1 and 2 should be f f Health end Mental I Itam 27 is marked of other traumatic eve	10	19e. Intorment's Name/Reletionship			Mailing Address (Stree			-	ate 7in Cod	(a)	
	nd 2 aith e 27 Is r tra		George E. Hard			08 Goodwa						
ore,			20a. Method of Disposition	•	20b. Piece ot I	Disposition (Neme of cremetory or other ple			0c. Location - Cl			
E	y it:		1 ☐ Burlel	☐Removel from Stete				6-23	BAltim	ore.	MD	
Baltimore,	permit. Pege Department of Important: If any injury or once.		4 Donation S Other (Specify) Green Mount Crematory 6-23 BAltimore, MD 21. Signature of Funeral Service Licensee Henry W. JEnkins & Sons									
			4905 York Rd., Baltimore, MD 21212 Approximate Intervel Between Intervel Between									
Š.	Physician /Medical		Onset and Death									
1	Examiner		Immediate Cause (Final disease or condition resulting in deeth) a. Congestive Heard Feurline									
		je l		Valve	Due to (or es e co	onsequence of):	D : 5 . C	0.7				
	outed	Examiner	Immediate Cause (Final disease or condition resulting in deeth) a. Cenystive Heart Failure Due to (or es e consequence of): Valvulan Heart Disease Sequentially list conditions, if ery, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury) Ceuse (Disease or Injury) Ceuse (Disease or Injury)									
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68760,	ata b hysic the b	edical	that initiated events resulting in death) Lest Due to (or as e consequence of):									
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Box	attending for use e	ian										
P.0.	the deeth cert y the attendin ached for use	Physician/M	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.					23b. Did tob	23b. Did tobacco use contribute to the cause of death?			
	that ned b	by Pt			_			1 🗆 Ye	2 No 3	☐ Probably	y 4 Unknown	
vision of Vital Records	law requiras that the deeth cer as been signed by the attendir s 2 should be detached for use	Completed b						24e. Wes en perform		avallabi	utopsy tindings le prior to ition of cause	
	0 - 0	Be Com						1 ☐ Yes	2 NO No	1 □ Ye	s 2 No	
	ysician: The s certificate director, par		25. Wes case referred to medical				26. Plece of Deet	h (Check only one	/ \			
	2 00	To	exeminer? 1 ☐ Yes 2 No	Hospitel: 1 ☐ Inpatier	nt 2 ER/Outp	patient 3 DOA	her: 4 Nursing Ho	me 5 Resider	nce 6 Other	(Specify)		
	Aho fun		27. Menner ot Death 1 Natural 5 Pending 2 Accident Investigati		28d. Describe how injury occurred							
	or Attan after deat Director: d in by the	Certification:	3 Suicide 6 Could not be determined 28e. Pleca of Injury - At home, ferm, street, factory, office building, etc. (Specify)						28t. Location (Street end Number or Rurel Route Number, City or Town, State)			
	Hospita Funera	Medical C	29e. Certifier (Check only one)	hyaiclan: To the best of miner: On the basis of end manner stet	exeminetion end/	death occurred at the ti or investigation, in my	me, date end place, opinion, deeth occurr	and due to the cau red et the time, dat	use(s) end menn te end placa, end	er as stated due to the	ceuse(s)	
	STEE OF		29b. Signeture and title of certifier			29c. Licen	se number	29	d. Date signed (f	Month, Dey,	Yeer)	
1			D29m	0		C.	37133		6/211	97		
	,5		30. Name end eddress of person who	completed cause ot de	eth (item 23e) (T				(')			
	1		Dr. Donna L.	Dow, 760	00 0sle	r Dr. #20	09, Tows	on, MD	21204			
	Sta	_	31. Date filed (Month, Day, Year)	32. Registre	r's Signeture)_						
	Registr	ar	JUN 2 4 1997	() and worlds	21 - Marianos							

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure Ali Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death Day Year Mildred Augusta HAMILL June 19, 1997 11:40 am 4a. Facility Name (If not institution, give street end numbar) 4b. City, Town, or Location of Death 4c. County of Death Franklin Square Hospital Center Rosedale Baltimore 8. Data of Birth (Month, Dey, Year) Dec. 4, 1921 If Undar 1 Year 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) Birthplaca (State or Foreign Country) 10 M XXX F Months Days Hours 75 Yrs. 214-18-6438 Maryland Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore 1 Yes 2 No Maryland Baltimore County 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 4513 Raspe Avenue 21206 USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 22 No If Yes, Give Yaar or Dates: 14. Race - Americen Indian, Black, White, etc. Was Decadant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 11. Marital Status 1 Never Married 2 Married 1 ☐ Yes ★XNo Specify: 3€ Widowed 4 Divorcad Specify: White 18a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Hauswauld Bakery 12 years N/A Baker 17. Father's Name (First, Middle, Lest) 18. Mother'a Neme (First, Middle, Meiden Sumeme) Edward Shandara Anna Donovan 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 2506 Kays Mill Rd. Finksburg, Md. 21048 Dilys Zeller 20a. Method of Disposition 20b. Place of Disposition (Nema of cemetery, crematory or other plece) Date 20c. Location - City or Town, State XX Burlal 2 Cremation 3 Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify) Gardens of Faith Cemetery 6-23-97 Baltimore, Maryland 21. Signature of Funeral Service Licansee 22. Name and Address of Facility Lassahn Funeral Home 7401 Belair Rd. Baltimore, Maryland 21236 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one ceuse on each line. Approximete Intervel Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Lung Cancer 6 Years Due to (or as a consequence of): Hypoxia Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseasa or Injury that Initioted events resulting in death) Last Due to (or as a consequance of): Massive Pleural Effusion Dua to (or as a consequanca of) 23b. Did tobacco use contribute to the cause of death? 1 XYes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an eutopsy performed? 1 Yes 1 ☐ Yes 2 ☐ No 25. Was case referred to medical 26. Place of Death (Check only one)

Physician /Medical **Examiner**

and

physician

attanding

Box 68760

P.O.

Records.

of Vital

Physician

/Medical

Examiner

Director

by

Completed

Be

10a. State

Funeral

Director

7 is marked other than "natural", or frame 23s or 28s-4 show traumatic event, the Modical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 7. Department of Health and Mantal Hygiens. Important: If item 27 is merked other than "na any injury or other traumatic event, the Media 2005.

with the Maryland

Baltimore, Maryland 21215-0020

Examiner burial-tran Physician/Medical the esn for signed by the a by Completed Be 2

Certification:

Medical

page 2 To the Period

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

examiner? 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28b. Time of

Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 28c. Injury at Work? 28d. Describe how injury occurred

RD2110

1 Yes 2 No 28e. Place of Injury - At homa, farm, street, factory, offica building, etc. (Specify)

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

(Check only one) 29b. Signature and title of certifier

31. Dete filed (Month, Day, Year)

JUN 2 4 1997

5 Pending investigation

6 ☐ Could not be determined

1 Naturel

3 Sulcide

29a. Certifier

2 Accident

4 Homlcide

t 🔁 Certifying Physician: To the best of my knowledga, death occurred at the time, date and place, and due to the cause(s) and manner as steted. 2 Medical Examinar: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. 29c, Licansa number 29d. Date signed (Month, Dey, Year)

une- Marie la. 30. Neme end address of person who completed cause of deeth (Item 23e) (Type, Print) (9

Anne-Marie McCabe M.D. 9000 Franklin Square Drive

Baltimore, Maryland

State Registra

32. Registrar's Signature Ma Favidson-Randoll A control of the cont

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month JENNINGS CHARLES 9:55 Am JUNE 1997 72 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Deeth **Examiner** HOSPITAL BALTIMORE SINAI N/A ff Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. lest birthday) If Under 1 Year 6 Sex Birthplece (State or Foreign Country) **Funeral** 1**X**0 M 2□ F Deys 215-22-6142 Yrs. Director 69 02/06/1928 S. Carolina Usuei Residence of Decedent the Maryland 10e Stete 10b. County 10c. City, Town or Location r than "natural", or items 23s or 23s-f show the Medical Examination must be notified at 10d. tnside City Limits MD Director N/A 1 Yes 2 No Baltimore 10e. Street end Number 10f. Zip Code 10a. Citizen of Whet Country? 5436 Narcissus Avenue 21215 U.S.A. deeth 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or Notif Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 72 hours after 1 Never Married 2 Married 1 Yes 2 No If Yes, Give Yeer or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 XNo Specify: p Specify: **Black** 3 ☐ Widowed 4 ☐ Divorced "natural". Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry filed within 7 I Hygiane. Elementery/Secondary (0-12) College (1-4or 5+) Steamship Trade Longshoreman 12 should be filed w h and Mental Hygian is marked other th 6th 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be Arie Jennings Nancy Simpson 19e. Informent's Name/Retetionship (Type, Print) permit. Pages 1 and 2 sh Depertment of Health and Important: If Item 27 is m any injury or other traum 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Catherine Jennings 5436 Narcissus Avenue, Balto., MD 21215 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20c. Locetion - City or Town, Stete 1 Burlel 2 Cremation 3 Removel from Stete Woodlawn Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 6/28 Baltimore, Maryland 22. Name end Address of Fecility
LEROY O. DYETT & SON FUNERAL HOME, Funeral Service Licens 4600 LIBERTY HEIGHTS AVE., BALTO. 21207 or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, st only one cause on each line. Approximete Interval Between Onset end Deeth **Physiclan** /Medical Immediate Ceuse (Finel ESCHERICIA COLL PNEVMONIA LEFT LUNG diseese or condition resulting in deeth) Examiner Due to (or es e consequence of): Examiner CENEBROVAJCULAR DUFAJE The law requires that the death certificate be axecuted pue Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting In deeth) Lest Due to (or es e consequence of) Box 68760, physician Physician/Medical the Due to (or es e consequence of): use as for use as P.O. Pert II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contributa to the ceuse of death? the signed by I 1 Nas 2 No 3 Probably 4 Unknown HY PERTENJION, SULTIFIE BELLIAND Records, þ should Be Completed 24b. Were eutopsy findings evelleble prior to completion of ceuse of deeth? 24e. Was en eutopsy performed? page 2 certificata 1 ☐ Yes 2 No 1 Yes 2 No of Vital ing Physician: 25. Wes cese referred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 Nopatient 2 □ ER/Outpatient 3 □ DOA this 27. Menner of Deeth 28e. Date of Injury (Month, Day Year) Medical Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred After 5 Pending Investigation 1 Neturel 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 4 T Homicide 1 Certifying Phyelcian: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.
2 Medicat Examinar: On the basis of assamination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) 29a. Certifier To the Within To the end manner stated.

Registrar

State

31. Dete filed (Month, Day, Yeer) JUN 2 4 1997

PAUL JETIAL, DO

Pary seyoupo

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

29b. Signature end title of certifier



2401 WITT BEWERE AVENUE

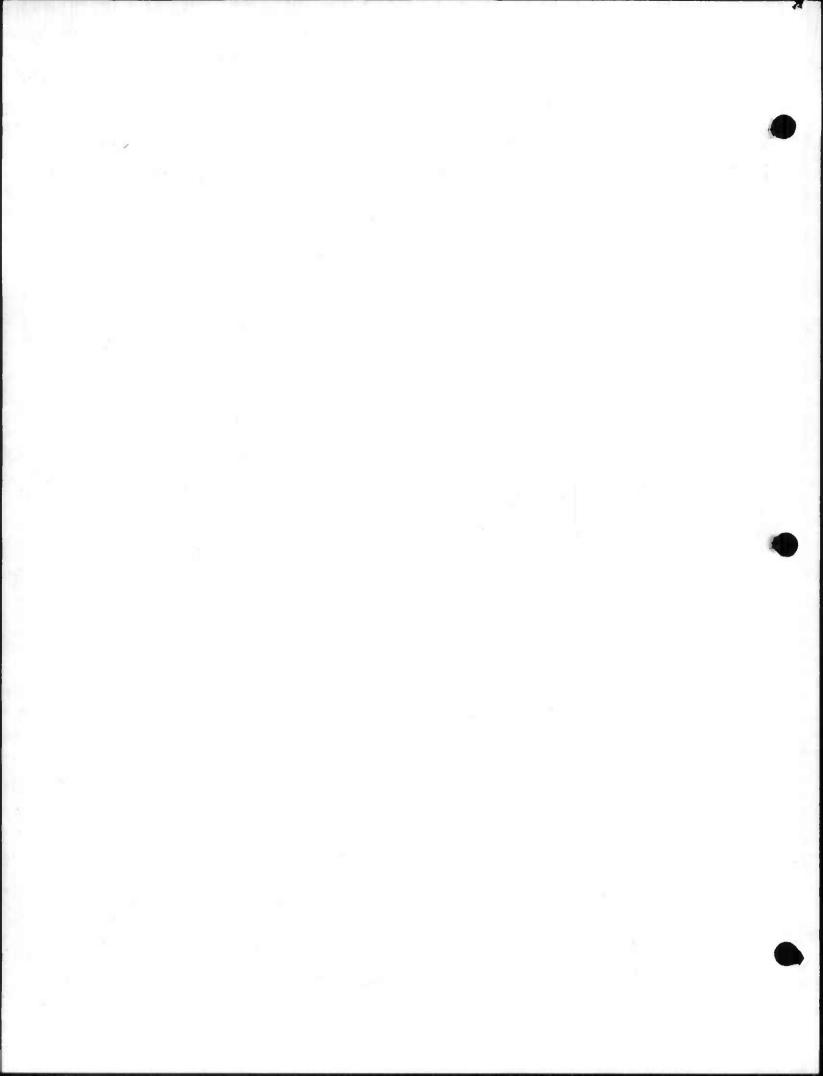
29c. License number

AS2402321 PS9945

29d. Date signed (Month, Dey, Year)

JUNE 53, 1997

BALTIMURE MARYLLAND SIZES



Physician /Medica Examine

Funeral Director

permit. Pages 1 end 2 should be filed within 72 hours after death with the Maryland Depertment of Haelth end Mental Hygiena. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examination routined at once.

Physician /Medicai Examiner

The Hospital or Attending Physician: The law requires that the death certificate be executed thin 24 hours efter death.

The Funeral Director: After this certificate has been signed by the attending physician and impletely filled in by the funeral director, page 2 should be detached for use as the bunal-transit

Division of Vital Records, P.O. Box 68760,

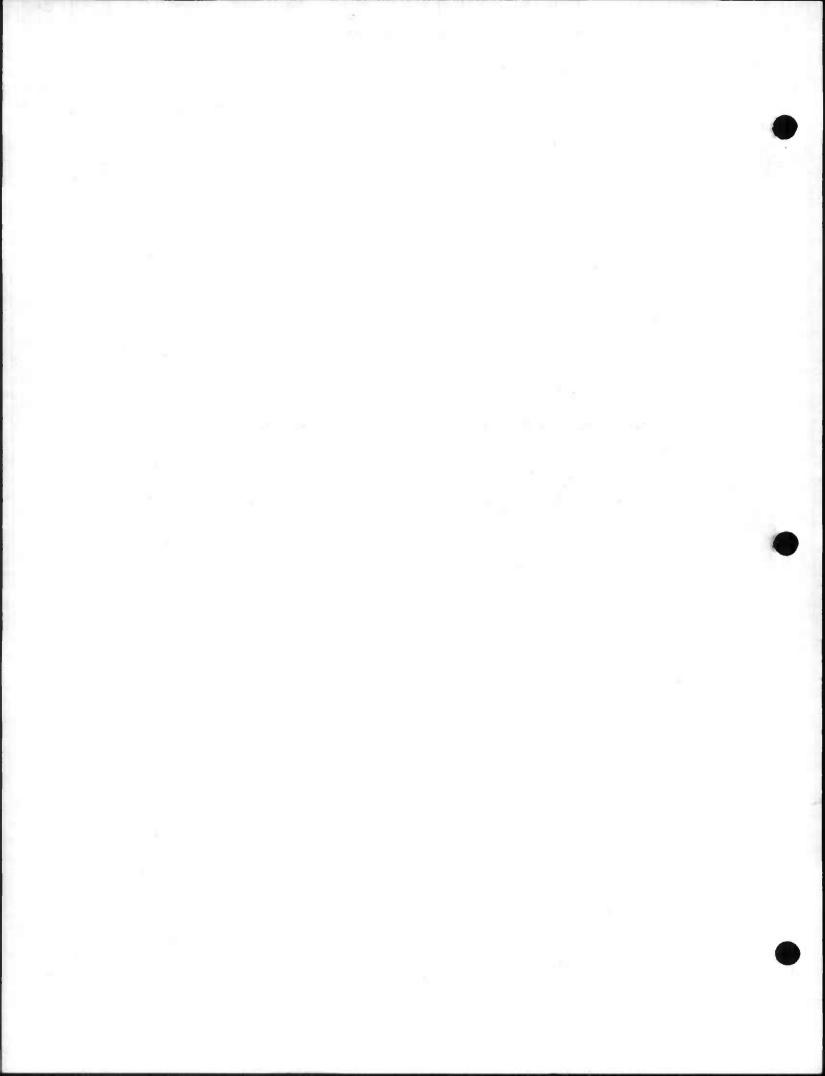
Baltimore, Maryland 21215-0020

UNK. 97-138 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible

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la. Facility Nama (If not institution, g								ocation of Deal		ty of Death	1
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Margaret Jackson	/ Moth	er	381	6 Flow	erton	Rd.	Balt	timore,	Maryla	nd 21	229
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4 Donation 5 Other (Spec		Bibic	Arbu	itus			(5-25-97	Arbutus	s, Ma	ryland
21. Signatura of Funaral Sarvice Lic	ansae			22. Nama	and Addras	ss of Facility	/			-	
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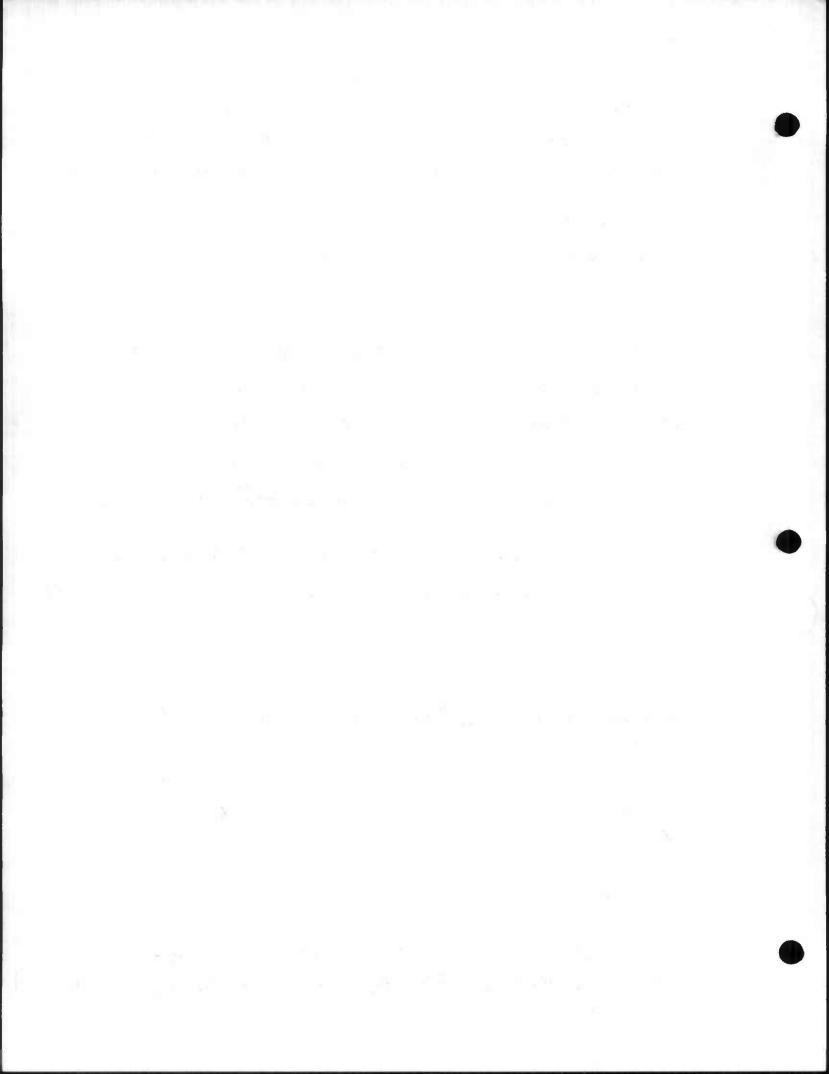
State Registrar Denns J. Chufe nd 31. Data filed (Month, Day, Year) JUN 24 1997





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_							ertificate of			eg. No.	97	19146
ľ	Physic		Decedant's Nama (First, MARJORIE	Aiddla, Last) V. JON	ES				2. Data of Dee Month JUNE 19	Day	Yaar	3. Time of Death 5:35PM
ı	/Medi Examii		4e. Facility Name (If not instit					4b. City, Town, or Lo		4c. County	of Death	19.55111
1			477 BROADNECK	ROAD				ANNAPOLIS		ANNE	ARIIN	DEI
Т	Funeral	Г	5. Social Security Number	6. Sax	7. Age (In	yrs. last birtho	ay) If Under 1 Yaar	If Under 24 Hrs.	8. Date of Birth (Month, Day)			placa (State or Foreign ntry)
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	Vith to	급	10e. Street and Number				10f. Zip Code		1	0g. Citizen of 1	What Cour	ntry?
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yla	should be ind Mental marked o umatic eve	2	CHARLES N. JOI	NES, SR.				CORA E.	ECKERT			
Jar	2 8 8		19a. Informant's Name/Reial	tionship (Type, Print)		19b. M	ailing Address (Straat	and Number or Run	al Routa Number	, City or Town,	Stata, Zip	Coda)
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Bal	permit. Pages 1 and Department of Health Important: If Item 27 any Injury or other to ODCS.		21. Signature of Funarai San	vica Licensaa			22. Nama and Addre	ess of Facility PARK FUNE	RAL HOME			
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	10		30. Nama and addrass of pers	son who completed ca	usa of death (833		rest I	r. M	naco	sile	M2140
	Sta Registr		31. Date filed (Month, Day, You & 4 1997	par) / 32	Afgietuar's Sig	Mandale		.e.3.1 V	A. 17	n. LyL		1 2, 10



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 6-24-97 xeoh ITEM: 4c per FH G-748 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** Month 4a. Fecility Nama (If not institution, give street end number) 5:00 AM 4b. City, Town, or Location of Death 1997 /Medical 4c. County of Death Examiner BALTIMORE BALTIMORE FO JATI 920H HAVIS BALTIMORE-5. Social Security Number If Under 1 Year | If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) AUG. 14, 1919 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** 213-10-8956 1□M 2X F Days Hours MARYLAND Yrs. Director Usual Rasidence of Decedant deeth with the Meryland 10a. Steta 10b. County 10c. City, Town or Location 10d. Inside City Limits filed within 72 hours after deeth with the Merylen Hygiens, but than "natural", or fierrs 23s or 23s-f show ent, the feedcal Experies mant be notified as Director 1 Yas 2 No BALTIMORE MD N/A 10e. Street end Number 10f. Zip Coda 10g. Citizan of What Country? 21212 USA 349 HOMELAND SOUTHWAY, APT. 2-C Funeral 12. Wes Decedant Evar in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. Rece - American Indian, Black, Whita, atc. 1 Nevar Married 2 Married 1 ☐ Yas 2 ☐ No If Yas, Giva Yaer or Detes: Baltimore, Maryland 21215-0020 Specify: WHITE 1 ☐ Yes 2 ☐XNo Specify: þ 3 ☐Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) Collega (1-4or 5+) **INSURANCE** 12 INSURANCE AGENT other traumetic event, 17. Fathar's Name (First, Middle, Last) 18. Mothar's Name (First, Middle, Meiden Sumeme) Pages 1 and 2 should be filt ment of Health and Mentel Hy ant: if item 27 is marked oth ury or other traumetic event Be GOTTLIEB PAULINE SALZMAN MORRIS 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, State, Zip Code) 349 HOMELAND SOUTHWAY, APT.2-C BALTO., MD 21212 MRS. MARJORIE LISS (NIECE) 20b. Placa of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1 Surial 2 Cramation 3 Ramoval from State 4 Donation 5 Other (Specify) Department o Important: If any injury or 6/19/97 BALTIMORE, MD BALTIMORE HEBREW SOL LEVINSON'S BROS., INC. 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 Fart1. Enter the disease, or complications that caused the death. Do not antar the mode of dying, such es cardiec or respiratory arrest, shock, or heart failure. List only one cardiec on each line. Approximata Interval Batween Onset end Death **Physician** Immediata Cause (Final diseasa or condition rasulting in death) /Medical INTRACEREBRAL HEMORRHAGE Examiner Dua to (or as a consequence of): Physician/Medical Examiner CEREBRAL VASCULAR ACCIDENT The law requires that the death certificate be executed the burial-trensil Sequantially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or injury that initiated events rasulting In daath) Lest Due to (or as a consequanca of): Box 68760, MALNUTRITION physician Dua to (or as a consequence of): 98 DEMENT esn P.O. Part II. Other eignificant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown SEIZURE JICORDER of Vital Records, þ page 2 should Completed 24a. Was an autopsy 24b. Ware autopsy findings DECUBITUS ULCERS evelleble prior to complation of cause of death? performad' has 1 Yas 215 No 2 No 1 Yas Physician: Be 25. Was casa rafarred to medical 26. Placa of Daath (Check only one) Hospital: 1 Inpatient 2 EP/Outpatient 3 DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To After this uneral 27. Mannar of Death 28d. Dascribe how injury occurred Division or Attending 1 Natural 5 Panding invastigation 1 ☐ Yes 2 ☐ No within 24 hours efter death. To the Funeral Director: A the 2 Accident 6 Could not ba 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 3 ☐ Suicida 28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Specify) filled in by 4 Homicide Hospital Cartifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner stated. Medical 29a, Certifian completely (Check only one) ş 29b. Signatura and titla of certifier 29c. Licansa numbar 29d, Date signed (Month, Dev. Year) uncea JUNE MD 45 2402321- HT 9004

MIRCEA

SINAI HOSTITAL OF BALTIMORE, 2401 W. BELVEDERE AVENUE, BALTIMORE, MD 21215

31. Data filed (Month, Day, Yeer)

JUN 2 4 1997

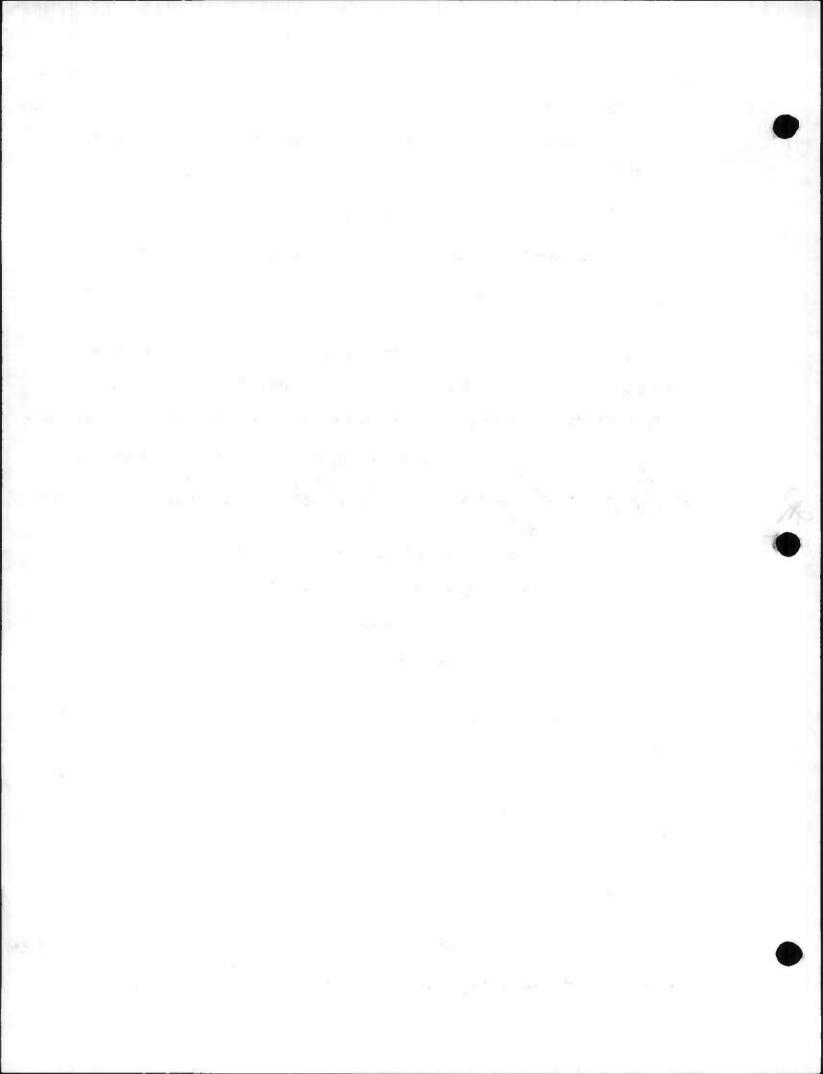
JUN 2 7 1997

TODOR

State Registrar

JUN 2 4 1997

30. Name and addrass of person who complated causa of death (Itam 23a) (Type, Print)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death June 23, Dey 1997 or Paul Siegfried Krause a.m. 4e. Fecility Neme (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Carroll Long View Nursing Home Manchester 5. Sociel Security Number 6. Sex_ 1 ☐ M 2 ☐ F 7. Age (In yrs, last birthdey) Year) 1920 Maryland 218-01-2823 Yrs. Usuel Residence of Decedent 10h County 10c. City, Town or Location 10d. Inside City Limits Md. Carroll Manchester 1 XYes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 3269 Charmil Dr. 21102 U.S.A. 11 Meritel Stetus Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Pueno Rican, etc.) 14. Race - American Indien Bleck, White, etc. 1 Never Married 2 Merried 1 ☐ Yes 2 No Specify: Specify: White 3 Widowed 4 □ Divorced 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Construction Builder 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Paul Krause Lina Auer 19e. Informent's Neme/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Jackie Russo 3269 Charmil Dr., Manchester, Md. 21102 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete Burlel 2 Cremetion 3 Removel from State Moreland Mem. Park June 25, 1997 Baltimore, Md. 4 Donetion 5 Other (Specify) 21. Signeture of Funeral Service Licenses 22. Name end Address of Fecility Eckhardt Funeral Chapel 3296 Charmil Dr., Manchester, shock, or heart filter. List only one cause on each line. Md. 21102 Approximete Intervel Between Immediate Ceuse (Final disease or condition resulting in deeth)

Physician /Medical Examiner

The lew requires that the death certificate be executed

signed b

page 2 should

After this certificate hes

rapital or Attending Physician: The hours efter death.

neral Director: After this certificate y filled in by the funeral director, pa

The Hospital fin 24 hours e

10

P.O. Box 68760.

Division of Vital Records.

Examiner

Physician/Medical

þ

Completed

Be

Medical Certification: To

Physician

/Medical

Examiner

10e State

Funeral

Director

28a-f show

6

items 23a

should be filled within 72 hours efter ond Mental Hygiene. marked other than "natural", or flee

permit. Pages 1 and 2 should be filed.
Department of health and Mental Hygin Important: If Item 27 is marked any Injury or other the any Injury or oth

Baltimore, Maryland 21215-0020

event, the Medical Examiner must be notified at

Director

Funeral

þ

Completed

Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting in deeth) Lest

25. Wes cese referred to medical examiner?

1 Yes 2 No

27. Manner of Deeth

1 Naturel 2 Accident

3 Suicide

4 Homlcide

Due to (or es e consequence of):

Due to (or es e consequence of)

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

28e. Place of Injury - At ho building, etc. (Specify

23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24e. Wes an eutopsy performed?

24b. Were eutopsy findings evailable prior to completion of cause of deeth?

1 Yes

20 No

26. Plece of Deeth (Check only one)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

28c. Injury et Work? 1 ☐ Yes 2 ☐ No

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

29a, Certifie

30. Name of

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner as steted.
2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, death occurred et the time, date end place, end due to the cause(s) end manner steted.

295. Signatupe and title of certif

5 Pending

Investigation

6 Could not be determined

29c. License number

29d. Dete signed (Month, Dey, Year)

State Registrar

etely

JUN 24 1997

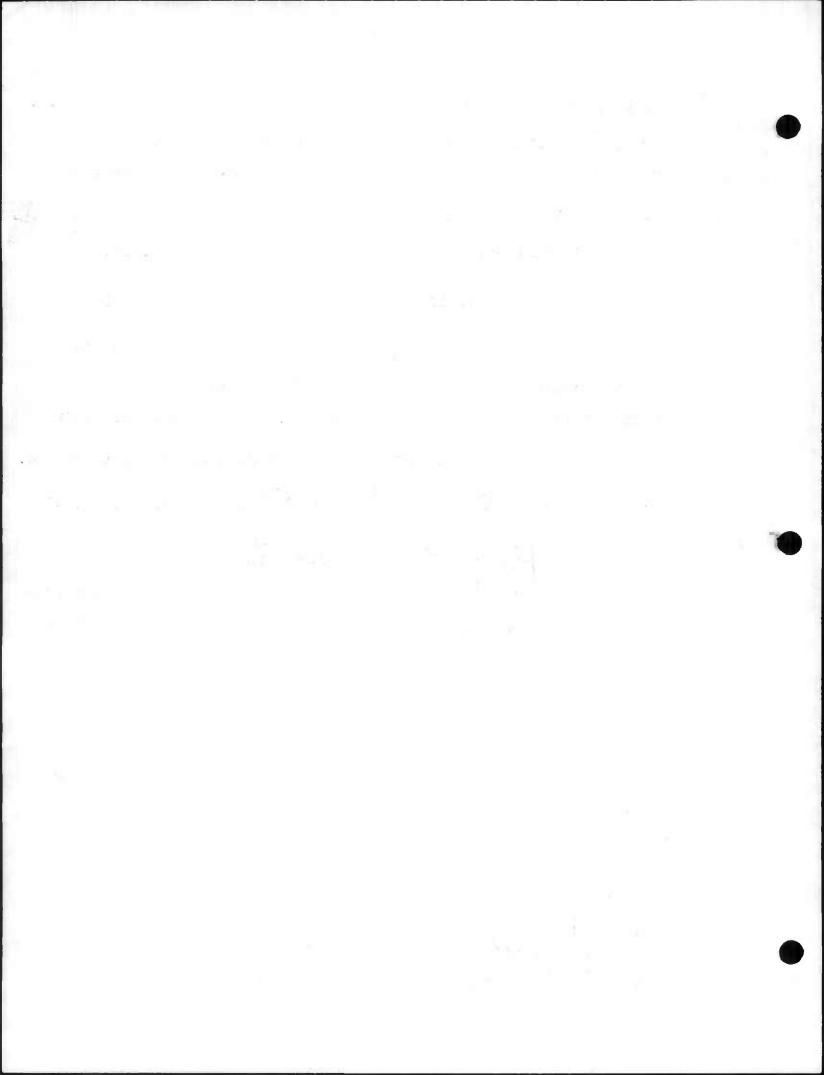
31. Dete filed (Month, Dey, Year)

Registrar's Signatu

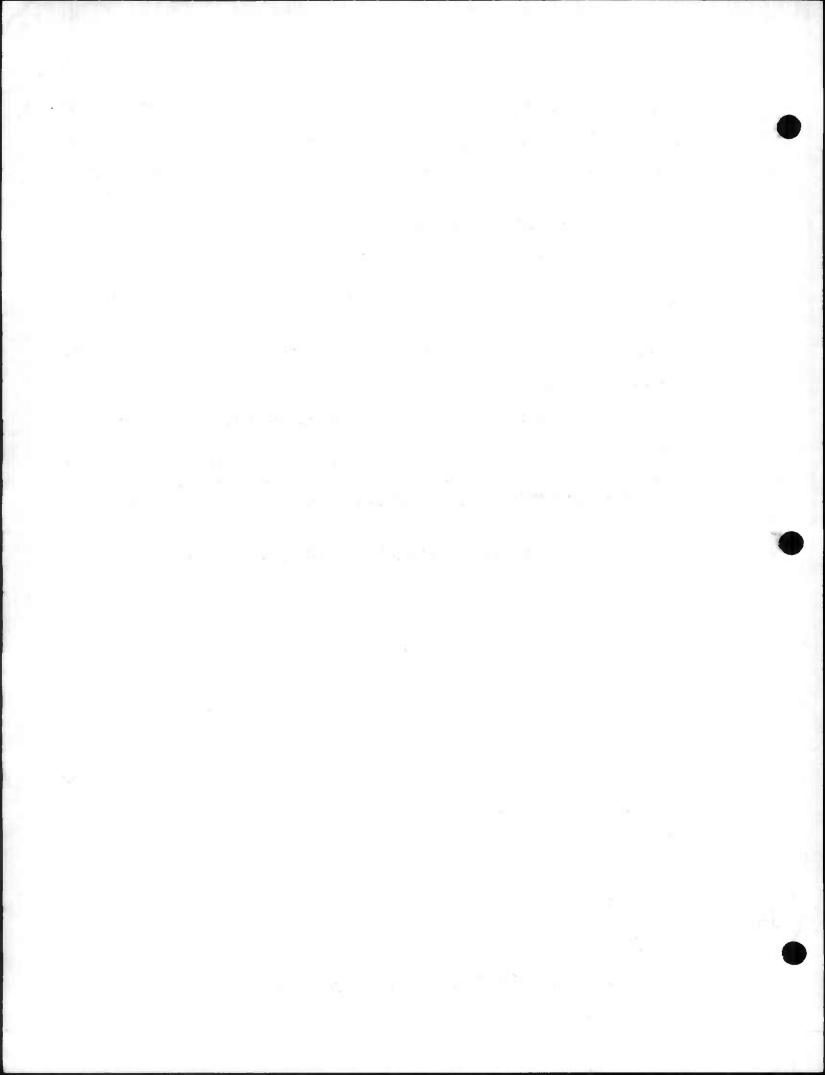
Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA

28b. Time of

ne arm, street, fectory, office



				State of Marylai		partment of F e <i>rtificate of</i>		fental Hy	giene Reg. No.	7 19149
	Physic		1. Decedent's Name (First, Middle, Le	(0)				2. Date of De		Year 7:20 A·M.
	/Medi Examin Funeral Director		214 207345	del Hospi-			4b. City, Town, or Lo Glen B If Under 24 Hrs. Hours Min.	8. Dete of Bi	h 4c. County	of Deeth Armoe 9. Birthplece (State or Foreign a. Country)
	yland		Usual Residence of Decedent 10a. State 10b. County	10c. C	ity, Town or	Location				10d. Inside City Limits
	8a-fst	Director	Maryland Anne Ar	undel Pa	saden					1 ☐ Yes 2 ☐ No
	3a or 2	I Dir	10e. Street end Number 1226 Rock Hill Ro	a d		10f. Zip Code 21122			10g. Citizen of W	
020	n 72 hours after death with the Maryland "natural", or items 23a or 28a-f show edical Examiner munt be notified at	by Funeral	11. Marital Status 1 Never Married 2 Married 3 Note: Married 4 Divorced	12. Was Decedent Ever in U Armed Forces? 1 Dyes 200 No If Yes, Give Year or Dates:	J,S. 13	3. Was Decedent of H	tispanic Origin? (Span, Mexican, Puerto Specify:	ecify Yes or No Rican, etc.)	o- 14. Race Blac	a - American Indian, k, White, etc. : White
Maryland 21215-0020	c - 4	Completed	15. Decedent's E (Specify only highest gn Elementary/Secondary (0-12)	ducation ade completed) College (1-4or 5+)	(Giv	cedent's Usual Occup ye kind of work done . DO NOT use retired it File RO	during most of work d)	ing	16b. Kind of Bu	
1d 2	Hygi ther int.	Be Co	12th Grade 17. Father's Name (First, Middle, Last)	Cred	it rile ko	18. Mother's Name	e (First, Middle		e)
ylar	should be nd Mental marked o	To B	Claude C. Grav	es			Marie T	. Eiser		
Mar	and and s m		19a. Informant's Name/Relationship (Michael Kelly /	21		iling Address (Street E. Howard				
e,	Pages 1 and 3 nent of Haalth int: If Item 27 i		20a. Method of Disposition MXBurial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specia	20b. Removal from State	Place of Dis	position (Name of rematory or other place	ce)	Date	20c. Location -	City or Town, State
Baltii	permit. Pages Department of Important: If It any Injury or		21. Signature of Funeral Service Lice			e Nationa: 22. Name and Addre itchie Hic	ss of Fecility Go:	nce Fur	neral Hom	
	Physician		234 Pert1. Enter the disease, or com- shock, or heart failure. List only	pplications thet caused the dea one cause on each line.	th. Do not e	nter the mode of dyin	ng, such as cardiac	or respiratory a	arrest,	Approximate Interval Between Onset and Death
	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	a. CHRONIE O			214MONA	my D	ISEASE	
_	D 15	liner		bue 10 (or as a cons	equenca ot):	*6.			1
60,	icata be executed physician end s the buriel-transit	edicai Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	Due to (or as a cons	equenca of):				
	death certificata be executed e ettending physician end of for use es the bunel-transit	w	that initiated events resulting in death) Last	Due to (c	or as a conse	equence of):				
	0 0	Physician/M	Part II. Other significant conditions of	contributing to death but not res	sulting In the	underlying cause giv	en in Part I.	23b. Did	topacco uae con	tributa to the cause of death?
۳.	es that the de igned by the be datached	by Phy						150	Yas 2□ No	3 Probably 4 Unknown
Records,	aw requir s been s 2 should	Completed b							s an autopsy ormed?	24b. Were autopsy findings available prior to completion of cause of death?
		e Con	25. Was case referred to medical						Yes 20 No	1 ☐ Yes 2 No
		To Be	examiner?	Hospital:	ER/Outpati	ent 3 DOA Oth	er: 4□ Nursing Ho		one) denca 6 □Othe	er (Specify)
Division of	Attending Ph or deeth. octor: After thi by the funeral	ertification:	27. Manner of Death Natural 5 Pending 2 Accident Investigation 3 Sulcide 6 Could not b		28b. Time Injury	Wor			how Injury occurre	
<u>Divi</u>	after d after d Direct	Certifi	4 Homicide determined		ome, farm, s fy)	street, factory, office		28f. Location (City or To		er or Rural Route Number,
1	n 24 hos	edical	29a. Certifier (Check only one) Certifying Ph	ysician: To the best of my kno niner: On the basis of examina and manner stated.	wledge, dea ition and/or i	ith occurred at the tin investigation, in my o	ne, date and place, pinlon, death occurr	and due to the ed at the time,	cause(s) and man date and place, a	nner as stated. Indidue to the cause(s)
JI		Z	29b. Signature and title of cartifier	1 6		29c. Licens	e number		29d. Date signed	(Month, Day, Year)
	-		30. Name and address of person who	completed cause of death (Iter	n 23a) (Tur-	D 43	971		June	19 1991
	10		ayoku BLETW	0, 301 Hospi	TAL I	XIVE, GLE	EN BUR	VIE.	mo. 2	1061.
	Sta Registr		31. Date filed (Month, Day, Year) JUN 2 4 1997	32. Registrar's Signa	ature					



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Item: 1 per Physician G-749 7/11/97 reb 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death Kovac JEAN 4:30 AH June 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Dea Maryland Medical System University of Baltimore I Under 1 Year If Under 24 Hrs. 8. Date of Birth Hours Min. 01/29/1928 5. Sociel Security Number Birthplace (Stete or Foreign Country)
 PA 7. Age (In yrs. last birthday) 1□M XXF Months Days 69 165-22-0057 Usual Residence of Decedent 10h County 10c. City. Town or Location 10d. Insida City Limits Cambria Johnstown 1 ☐ Yes 2X No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1726 Shelburne 15905 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: 11. Merital Status Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Never Married 2K Married White 1 ☐ Yes 2 No Specify: 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. KInd of Business/Industry (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4or 5+) 12 Retail Sales Department Store 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) George Saleeba Sadie Abraham 19a. Informant's Neme/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 1726 Shelburne Johnstown, PA 15905 Robert G. Kovac/ Son 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20s. Method of Disposition t⊠ Burial 2 ☐ Cremation 3 ☐ Removal from State Grandview Cemetery 6/23/97 Johnstown, PA 5 Other (Sp Funeral Service Coens 22. Name and Address of Facility
Sterling Ashton Funeral Home, Inc. 736 Edmondson Ave. Catonsville, MD. at caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate Interval Between Onset and Deeth ediate Cause (Final 15 minutes disease or condition resulting in death) Arterio Sclerotic Plaque Embolism · Abdominal Gortic mur Due to (or as a consequence of): MEDICAL SHAMER 18 Hours Vehicle 6011 Per II. Other significant conditions contributing to deeth but not resulting in the underlying Eause given in Part I.

DIOBETES Mellitus

CERTIFICATION APPROVINGE 23b. Did tobacco use contribute to the cause of death?

Physician Examiner

8

Physician/Medical

Completed by

Be

Certification: To

Medical

Physician

/Medical

Examiner

10a State

Funeral

Director

28a-f show

Director

p

Completed

r than "natural", or items 23a or 28a-f show the Wedical Examiner must be notified at

72 hours after

Hygiene.

marked other with and Mental Hur

Important: If Item 27 is any injury or other tra once.

Baltimore, Maryland 21215-0020

Box 68760

P.O.

Records.

Vital

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury

6 Could not be determined

Hypertension

Mayor Talke of Call

1 Yes 2 No 3 □ Probably 4 ☑ Unknown

24e. Wes an autopsy performed?

26. Piace of Death (Check only one)

24b. Were autopsy findings evailable prior to completion of cause of death?

1 ☐ Yes 2 ☐ No

1 ☐ Yes 2 No

25. Was cese referred to medical examiner? 1 X Yes 2 ☐ No

27. Manner of Death

1 Natural

3 Suicide

4 Homicide

2 Accident

Hospital: 1 Inpatient 2 □ ER/Outpatlent 3 □ DOA 28e. Dete of Injury (Month, Day Year) 5 Pending Investigation 1897

28b. Time of 934A 28c. Injury at Work? 1 Yes 2 No

Other: 4 Nursing Home 5 Residence 8 Other (Specify)

28d. Describe how injury occurred WITH D CAN PASSENGER IN GOR IU COLLISION

28e. Place of tnjury - At home, farm, street, factory, office building, etc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, State) PATPY MP169 FULTON WPELLYLMIN

(Check only one)

RODDWAY 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and title of certifier

1 outton, MD

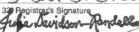
29c. License number -22260 29d. Date signed (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

22 S. Greene Street Baltimore, Hd. 21201 MD 31. Dete filed (Month, Dey, Year)

State Registrar

JUN 24 1997



within 2 To the i å

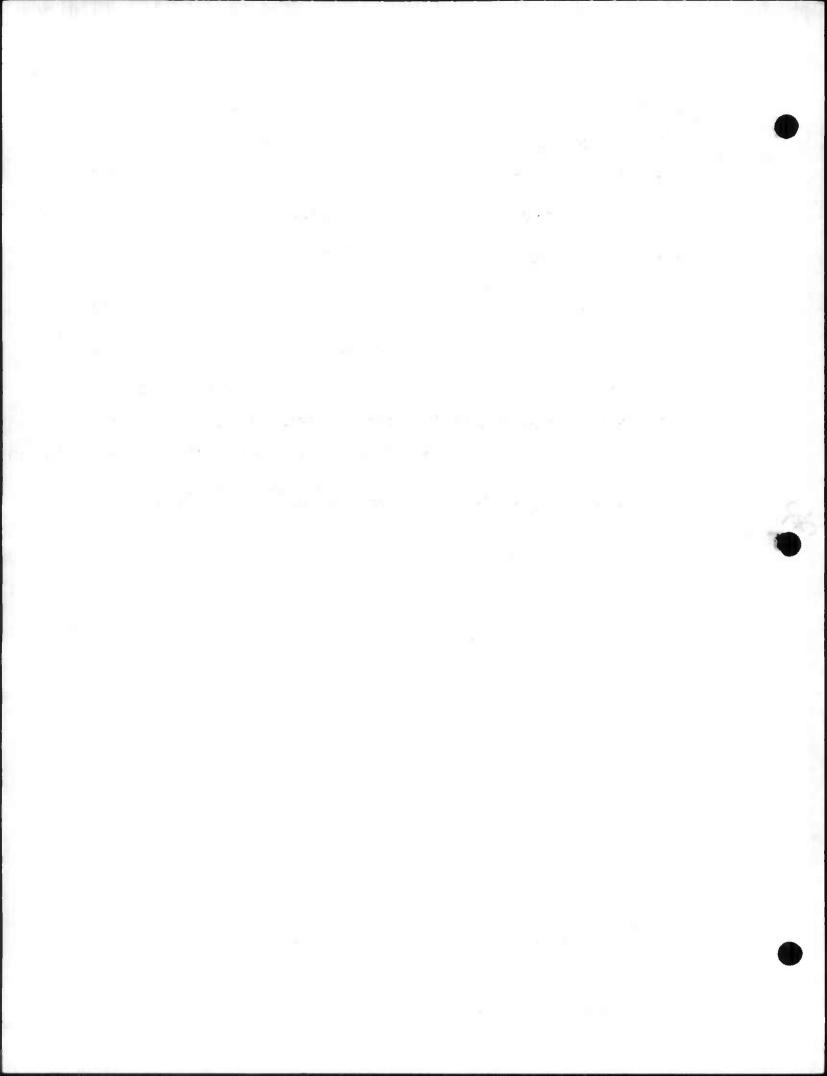
10

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death Month **Physician ANNA** LEVINSON JUNE 18, 1997 7;45pm /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 3800 OLD COURT ROAD BALTIMORE BALTIMORE 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplaca (Steta or Foreign Country) **Funeral** 1 □ M 21 F Yrs. Director 93 220-46-2626 the Marylend 10a Stata 10b County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumstic event, the Medical Examinar must be notified at MARYLAND BALTIMORE BALTIMORE Director 1 TYAS 2 NO No 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 3800 OLD COURT ROAD 21208 USA death Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2♥ No If Yas, Giva Yaar or Datas: 13. Was Decedant of Hispanic Origin? (Spacify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian, Black, Whita, atc. filed within 72 hours after (Hygiene. Wher then "neturel", or Ne 1 Navar Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: þ 3 Widowed 4 □ Divorced Specify WHITE Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education 16b. Kind of Businass/Industry (Specify only highast grada completed) Elementary/Secondary (0-12) College (1-4or 5+) 12 **HOMEMAKER** permit. Pages 1 and 2 should be filed i Depertment of Health and Mental Hygic Important: If Item 27 Is marked other t any injury or other traumatic aware OWN HOME 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) Be KLAVANSKY SAMUEL IDA LONG 19a. informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stete, Zip Code) MRS. ADA RAE SEIDMAN (DAUGHTER) 11 SLADE AVE., APT. 807 BALTIMORE, MD 21208 20a. Mathod of Disposition 20b. Place of Disposition (Nama of Data 20c. Location - City or Town, Stata matery, crametory or other placa)
OHEB SHALOM MEMORIAL PARK 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 6-22-1997-REISTERSTOWN, MD 4 ☐ Donation 5 ☐ Othar (Specify) 22. Nama and Addrass of Facility
SOL LEVINSON & BROS., INC. 21. Signature of Junaral Sarvice Licenses 8900 Reisterstown Road Pikesville, MD 21208 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one ceuse on each line. Approximata Interval Between Onsat and Death **Physician** /Medicai Immediata Causa (Finel Myo CARPIA disaasa or condition rasulting in daath) (where Examiner Examiner burial-trensit Sequantially list conditions, if any, leeding to immadiata causa. Entar Undarlying Causa (Disaasa or injury thet Initiated evants rasulting In daeth) Last P.O. Box 68760. attending physician for use as the buria and Physician/Medicai Dua to (or as a consequence of): Part II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. à ed bluode Completed 24e. Wes an eutopsy periormad? 24b. Were autopsy findings available prior to Deec complation of cause of deeth? paga 2 certificate has 1 Yas 2 No 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifics 25. Was casa rafarred to medical examinar? Be 26. Placa of Daath (Check only ona) Othar: 4 Nursing Homa Analdenca 6 Other (Specify) 2 1 Yas 1 ☐ Inpatiant 2 ☐ ER/Outpatiant 3 ☐ DOA 27. Mannar of Death 28a. Data of Injury (Month, Day Yaar) 28d. Dascribe how injury occurred 28b. Tima of Certification: 28c. Injury et Work? Natural 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accident Director: 3 Suicida 6 Could not be datarmined 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Steta) in by 4 Homicida Certifying Physician: To tha best of my knowledga, death occurred et tha tima, data and place, and due to the cause(s) end mannar as stated.

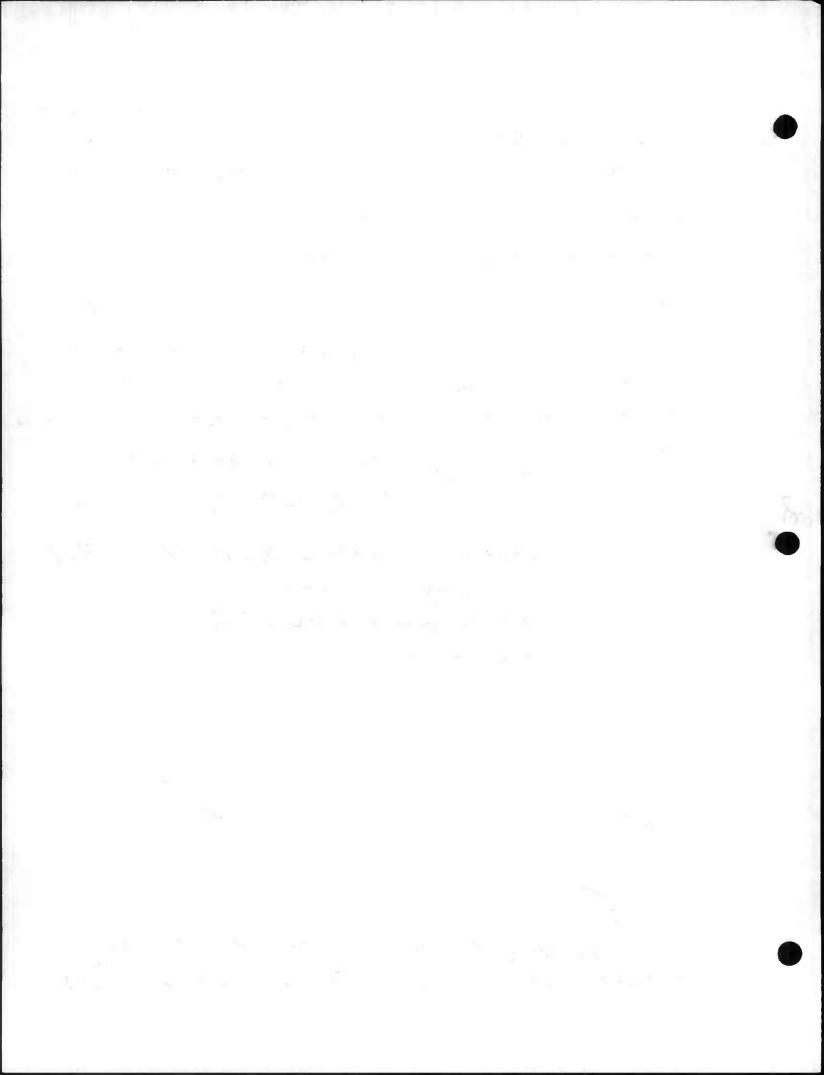
| Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at tha tima, data and place, end due to the causa(s) and mannar statad. Medical 29a. Certifian 29b. Signature and title of certifies 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Nama and eddrass of person who completed causa of death (Item 23e) (Type, Print) (feight by Botto pod 2111 Amen Gollbin 6804 JARK 31. Deta filad (Month, Dey, Yeer) 32. Registrar's Signatura State JUN 2 4 1997 Registrar



State of Maryland / Department of Health and Mental Hygiene 97

97 19152

						C	ertifica	te o	f Death	1		Reg. No.			
	Dhari		1. Decedent's Neme (First, Middle,	Last)							2. Dete of De Month	eeth		Vace	3. Time of Deeth
	Physic /Medi		CELIA	LISS	Y						*****	20.	1997	Year	9:15am
	Exami		4e. Facility Neme (If not institution,						4b. City, To	own, or L	ocation of Deer		. County o	f Deeth	
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	Funeral Director		5. Sociel Security Number 218-72-6236	6. Sex 1 □ M 2√2 F	7. Age (In) 88	rs. last birthde	Months			24 Hrs. Min.	8. Dete of Bi (Month, Di AUG. 2,	rth ey, Yeer) 1908		Count	lece (Stete or Foreign try) YLAND
	pu ,		Usuel Residence of Decedent 10a. Stete 10b. County		100	Ch. Taur	Landin								
	show	2			100.	City, Town or	Location							10	Dd. Inside City Limits
	28a-1	Director	MARYLAND N/A						MORE						1 No 2 No
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Viita		Be C	25. Wes case referred to medical exeminer?						26. Plece	e of Deet	h (Check only	one)			
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D C	ding Ph h. After thi funeral		27. Menne of Deeth 1 ■ Neturel 5 ■ Pending	28e. Dete (Mon	of Injury th, Dey Year	28b. Time	of :	28c. Inj W	ury et ork?		28d. Describe	how Injur	y occurre	d	
Division of	Attending in death. In cleath. In clor: After the by the fune	cati	2 ☐ Accident Investige				М	1[∃Yes 2□	No					
Ž		Certification:	3 ☐ Suicide 6 ☐ Could no 4 ☐ Homicide determin	ed Zee. Piece	of Injury - A	t home, ferm,	street, factor	y, office	9		28f. Location (City or To			or Rural	Route Number,
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	To the Hospital or within 24 hours afte To the Funeral Dir completely filled in	edical	(Check only & Medical E)	Physician: To the carniner: On the ba	asis of exem	nowledge, de Ination end/or	ath occurred investigetion	et the	time, dete en opinion, dee	d plece, th occur	and due to the red et the time,	ceuse(s) dete end	and meni place, er	ner es sta id due to	sted. the cause(s)
	the the mple	Med	29b. Signeture end title of certifier	end men	ner steted.		20	o licos	nse number			20d Dat	to signed	Month f	Day Vanel
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	10		30. Neme and address of person w	no completed caus	se of deeth (I	tem 23e) (Typ	e, Print)	+/-	1000		1	13	AST	740	14
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	Registr	aı	JUN W I 1991	U											



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Dete of Deeth **Physician** Month /Medical 4e. Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** If Under 1 Year If Under 24 Hrs. 8, Dete of Birth 1er 5/21 05 8. Dete of Birth (Month, Dey, Year) 5. Social Security Number 6. Sex . Aga (In yrs. last birthdey) Birthpleca (Steta or Foreign Country) **Funeral** Months Deys Hours NOM 2□ F 239-20-6084 6 Director Usuel Residence of Decedant the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits Item 27 is marked other than "natural", or Items 23a or 28a-f show other traumatic event, the Modical Examinat must be notified at BALTIMORE 12 Yes 2 No MD Director 10e. Street and Number 10f. Zip Code 10g. Citizan of Whet Country? 3605 11ersley 212 Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 11. Marital Status 14. Rece - American Indien, permit. Pages 1 and 2 should be filed within 72 hours after or Department of Health and Mental Hygiene. Important: If Item 27 is merked other than "natural", or ther any injury or other traumatic event, the Modical Examina-Bleck, White, etc. 1 ☐ Yas 2 ☐ 490 If Yes, Give Yeer or Detas: 1 Never Merried 25 Married Saltimore, Maryland 21215-0020 1□ Yas 25No Black by Specify: 3 □ Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elamentary/Secondery (0-12) College (1-4or 5+) Con Struction 6th Laborer NA 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) David LONDON 10 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Barbara A. Henry 3605 BALT, more, m.D. Eversley St. 20b. Pleca of Disposition (Neme of cemetery, cremetory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 □ Cremetion 3 □ Removel from State Randalls Town, MD □ Donetion 5 □ Other (Specify) Mem Park 21. Signeture of Funerel Service Licensee 22. Name end Address of Facility Albert P. WYLie 638 N. Gilnor Street Bollinone, M.D. 21217 23a. Part. Enter the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiretory errast, shock, or heart feiture. List only one cause on aech line. Approximala Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner Due to (or es a consequence of) Examiner Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Couse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Physician/Medical Due to (or es a consequenca of): Box Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. 2□ No 3 Probably 4 Unknown þ 4b. Were eulopsy findinga available prior to completion of cause of deeth? 24a. Was an autopsy Completed 1 ☐ Yes 2 ☐ No † □ Yes or Attending Physician: Be 25. Was case referred to 26. Plece of Deeth (Check only or 1 Yes Hospital Other: 4 Nursing Home 2 1 Inpatient 2 ER/Outpetienl 6 ☐Other (Specify) funeral 27. Manney Cr & 28e. Dete of Injury (Month, Dey Year) 28c. Injury at Work? after death. Director: After the Certification: 28d. Describe how Injury occurred 5 Pending t ZirNatural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide within 24 hours a To the Funeral D the Hospital 12 Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner es stated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete end place, end due to the ceuse(s) and menner stated. Medical 29a. Couffie 29b. S

person who completed cause of deeth (Item 23e) (Type, Print)

Hopkins

31. Dete filed (Month, Dey, Year)

JUN 2 4 1997

Garatus Center

182. Jegistrar's Significant Late

29d. Dete signed (Month, Dey, Year)

Bayview Circle

5505 Hopkins

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Itèm 18,19b per FH Film G749 7-2-97 rja Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Month SUSIE P. LOYD 5:34 AM JUNE 19 /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** CENTER HOSPITAL HARBUR BALTIMORE N/A Hours Min. 8. Date of Birth (Month, Day, Year) 5. Social Security Number If Under 1 Year 6 Sex 7. Age (In vrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Days 1 M 28 F 229 24 7251 Yrs. Director Jan. 14, 1925 Virginia Usual Residence of Decedent 10a. State 10b County 10c. City, Town or Location 10d. fnside City Limits 28a-f show ns 23a or 28a-f show Director 11 Yes 2 No Maryland N/A Baltimore the 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? filed within 72 hours efter death with 4130 Audrey Avenue 21225 II.S. Funeral items ; 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 220 No If Yes, Give Year or Detes: 11. Marital Status 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. traumatic event, the Medical Examiner 1 Never Married 2 Married 21215-0020 6 1 ☐ Yes 2 No Specify: by Specify: White 3 Widowed 4 □ Divorcad "natural", Completed 15. Decedent's Education 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) al Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 10th Home Maker Own Home Baltimore, Maryland 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be and Mental I Pages 1 end 2 should be Nannie Gleaves Irvin David Preston Collins 190 Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informant's Name/Relationship (Type, Print) nt of Health a : If item 27 is or other tra daughter 4120 Audrey Avenue Pamela Meek Baltimore, Maryland 21225 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from State permit. Page Department of Important: If any injury or once. Meadowridge Memorial Park6/21/97 Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Servica Licansee 22. Neme and Address of Fecility Gonce Funeral Home P.A. 4001 Ritchie Highway romeoura Baltimore, Md. 21225 234 Part1. Enter the disease or complications that caused the death. Do not enter the mode of dying, such es cardiec or respiratory arrest, shock, or heart failure. Approximate Interval Between Onsel and Deeth **Physiclan** /Medical INFARCTION Immediate Cause (Fine) MYOCARDIAL 30 MINUE disease or condition resulting in deeth) Examiner Due to (or as a consequenca of): Examiner HEART FAILURE CONGESTIVE YEAR The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last and Due to (or as a consequence of): Division of Vital Records. P.O. Box 68760. attending physician for use es the burie Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Dfd tobacco use contribute to the cause of death? signed by d be detact 1 Yes 2 No 3 Probably 4 Unknown OBSTRUCTIVE PULMONARY DISEASE by Completed 24b. Were autopsy findings eveileble prior to completion of cause of death? 24e. Wes an autopsy performed? peed this certificate has 1 Yes 2 No 1 Yes 2 No Attanding Physician: Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospitel: 1 NopatienI 2 ER/Outpatient 3 DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 Certification: 27. Manner of Death 28a. Date of fnjury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? After 5 Pending investigation 1 Maturai death. 1 Yes 2 No 2 Accident after death 6 Could not be determined 3 Suicide 28e. Piaca of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) filled in by 4 THomicide 6 Hospital

within 24 hours a To the Funeral C completely filled Tot State

the

LIZY THOMAS, 31. Date filed Month

d. Homen_INTERN

30. Neme and address of person who completed cause of deeth (Item 23e) (Type, Print)

29b. Signature end title of cartifier



MEDICINE

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the cause(s) and menner es stated.

2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner stated.

29c. License number

PS 2441614-38.

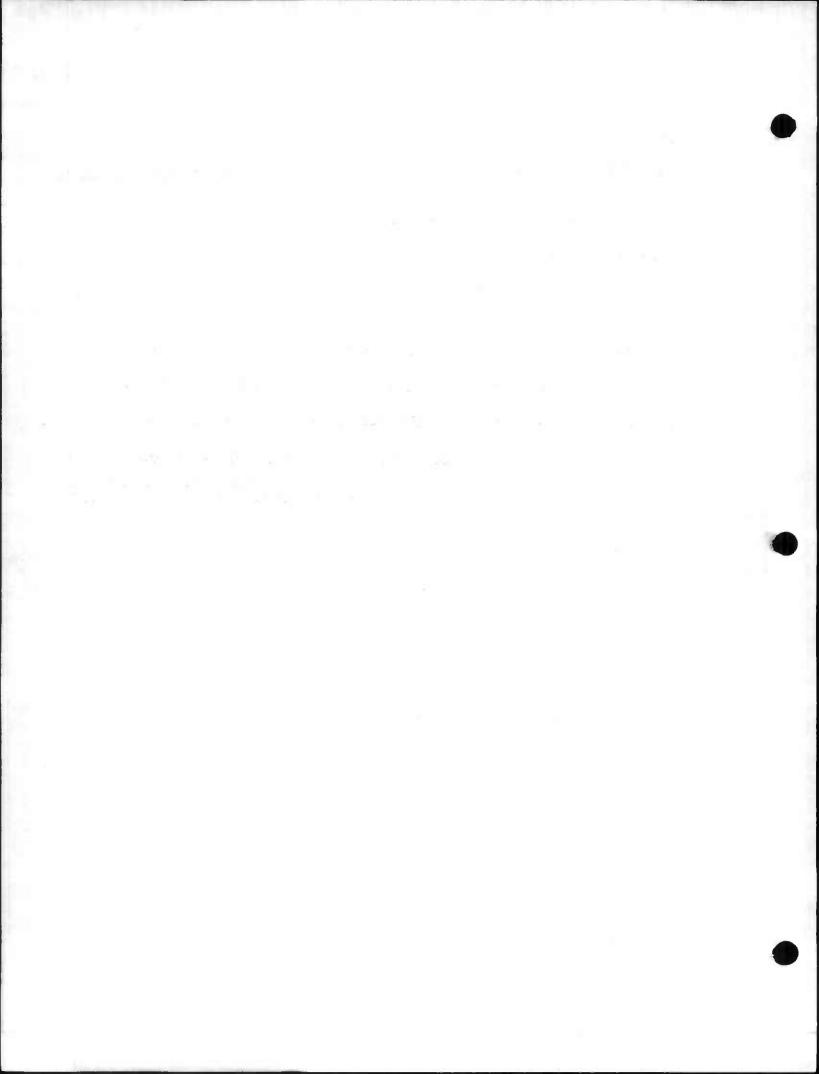
29d. Dete signed (Month, Day, Year)

JUNE-19-1997

Registrar

Medical

29a. Certifier

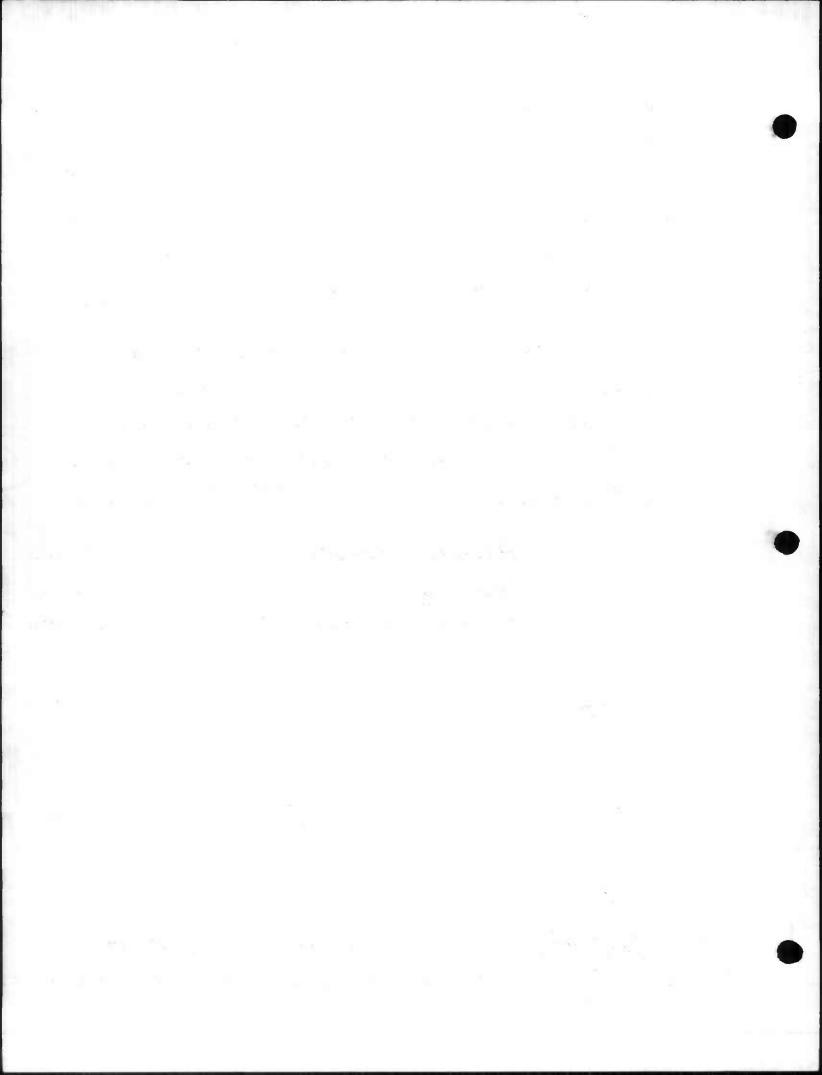


State of Maryland / Department of Health and Mental Hygiene

					Certificat	e of	Death		Reg. No.	1	1915	5
		1. Decedent's Name (First, Middle, L	ast)					2. Date of De Month	ath	Year	3. Time of	Deeth
Physic /Medi		DANIEL C.LE	WIS JR.					06 -	19 -1	997	2:45	5 am
Exami		4a. Facility Name (If not institution, gi	va street and number))			4b. City, Town, or	Location of Death	4c. County	of Death		
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Funeral Director		220-30-2795	Sax 1. MM 2□ F	ge (In yrs. last bir 92	thday) tf Unda Months	1 Year Days	If Under 24 Hrs Hours Min	(Month, De	h y, Yeer) -1904	Coun	place (State or htry) JERSE	
pue *		Usuat Residence of Decedent 10a, State 10b, County		10c. City, Town	n or Location					1	0d. tnside Cit	n. I lenite
sho	2										1 Yes	
the A	Director	MD . N/A		BALTI	LMORE 10f. Zig	Code		-	10- 00	40.00		
with a or			.,						10g. Citizen of		try r	
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72 ho	Completed	15. Decedent's E (Specify only highest gi		16a.	Decedent's Usu	al Occup	pation	rkina	16b. Kind of B	usiness/Inc	dustry	
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	00		5+	PF	ROFESSO	RO	F MATH					
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should be and Mental I marked or umatic eve	2	DANIEL C. L						ICE DAV				
2 sh end is m		19a. Informent's Name/Relationship					and Number or R				Code)	
s 1 end 2 should t Health end Mer tem 27 is marke other traumatic		ELLEN R. LEWI	S (DAUGH	-			ST. MII					
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permit. Peges 1 end 2 Department of Health e Important: if Item 27 is any injury or other tra		21. Signatura of Funeral Service Lice	luca	1.1	HEN	IRY	ess of Facility W. JENI YORK RD				12	
		23a. Part1. Enter the diseasa, or con shock, or heart failure. List only	plications that cause	the death. Do r	not enter the mod	de of dyi	ng, such as cerdia	c or respiratory a	rest,	2121	Approximate)
Physician		Shook, of fleat failule. List offi	one cause on each ii	iria.							Interval Betw Onsat and D	eath
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that the death the by the etter	Physician/	Part II. Other significant conditions	contributing to death b	out not resulting In	the underlying o	euse giv	ven in Part I.	23b. Dld 1	obacco use co	ntribute to	the cause o	f death?
that the sed by detac	Ph	malnutution						10	Yes 2 No	3 Prot	bably 401	Unknown
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sician: The law requires certificate has been sign irrector, page 2 should be	Completed								en autopsy med?	ava	ere autopsy fir ailabta prior to)
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tending Ph leath. tor: After th	on:	27. Menner of Death 1 ☑ Natural 5 ☐ Pending	28a. Date of tnju (Month, Da		Time of 2	8c. Injui Wor	ry at	28d. Describe t	now injury occur	red		
Attanding or death. octor: Afte by the fune	cati	2 ☐ Accident Investigation			М		Yes 2 □ No					
or Attending after death. Director: After	Certification:	3 Suicide 6 Coutd not to determined	286. Place of Inj	ury - At home, fa. c. (Specify)	rm, straet, factor	y, office		28f. Location (S City or Tox	Street and Numb vn, State)	per or Rura	/ Route Numb)er,
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JH		A A CA							29d. Date signa		Jay, Tedf)	
16		· Opelen a	lu			レよと	987		6-19-	47		
1)		30. Name and address of person who										
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Sta Regista		JUN 2 4 1997	Julia Davids	ar's Stanature	2							

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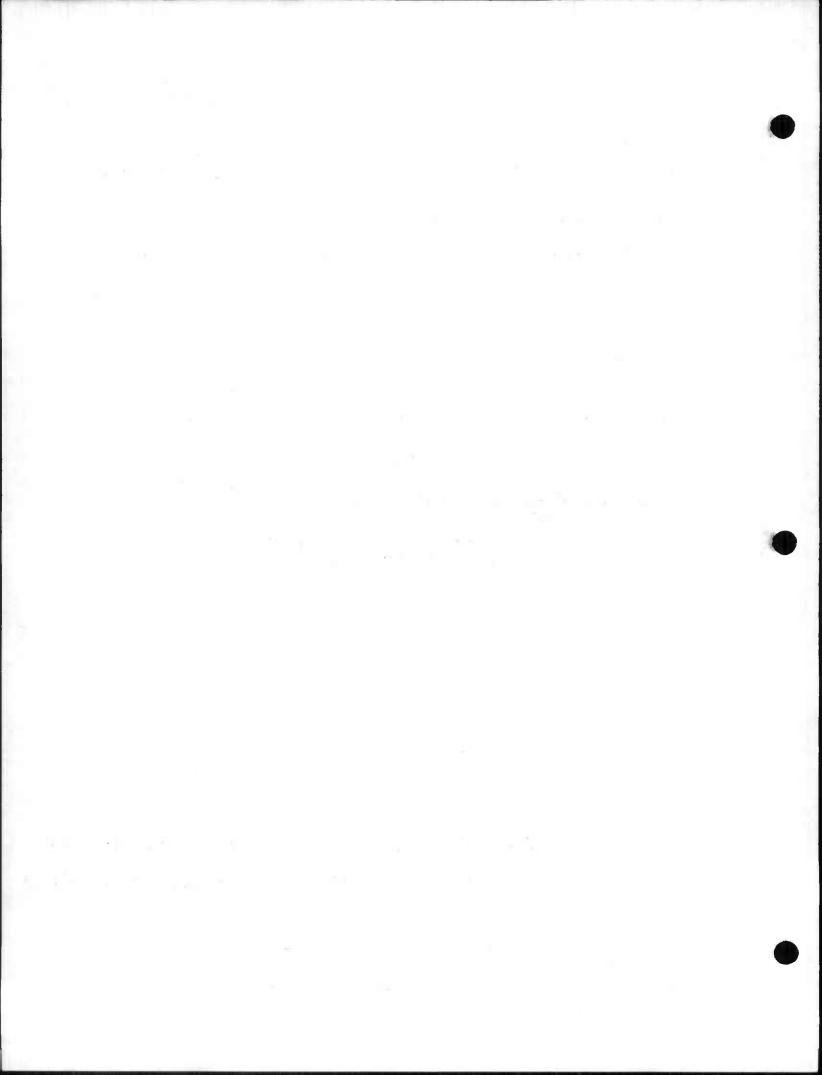
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Medical	GEORGIA	ANN LILLY				JONE	19 19	det.	2:27 1
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ral tor	219-84-4524	7. Age (In yrs. I	ast birthday) Yrs.	If Under 1 Yeer Months Days	If Under 24 Hrs. Hours Min.	8. Date of Bir (Month, De Mar. 25	th y, Year) ,1971		lece (Stete or Fo try) yland
	Usuel Residence of Dacedent 10a. State 10b. County	10c City	, Town or Lo	cation				1	0d. Inside City L
5	MD A.A.		'ernda]					- '	1 ☐ Yes 2
Director	10e. Street end Number			10f. Zip Code			10g. Citizen of V	Whet Cour	itry?
ai Di	8 First Ave., Sout	h		21061			U.S.		,
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10	William Lilly				Dorothy	-			
	19e. Informent's Neme/Reletionship (Type, Dorothy Shifflett / Mo	,		-	end Number or Rure erndale, Mary			Stete, Zip	Code)
	20a. Method of Disposition	20b. P	ece of Dispo	sition (Name of		Date Date	20c. Location -	City or To	wn. Stete
	1 ☐ Buriel 2 ☒ Cramation 3 ☐ Remo	oval from Stata		natory or other ple					
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Examiner	resulting In death) a	Due to (or	es e conseq	uence of):	TION	74		1	
al Exa	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	Due to (or	es e conseq	uence or):					
Medical	resulting in deeth) Last	Due to (or	es e consequ	uance of):					
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							en eutopsy	av	ere autopsy findi ailable prior to
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To Be Completed by	examiner? **X**Yes 2 \ No 27. Manner of Deeth 1 \ \ \text{Nature!} \ 5 \ \ \text{Pending} \ \ \text{Investigation} \ \ \text{Postions} \ \ \tex	28e. Date of Injury (Month, Dey Year)	28b. Time of Injury UnK	28c. inju	All Nursing Horry et All Yes 2 No	(Check only on a 5 Rasio and Check only of the check only of the check on the che	Yes 2□No one) dence 6 ☑Oth how injury occur Was 3	of 1 Le er (Specify red	eyes 20 No
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Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** JUNE 19, LEONARD JOHN 1997 3:50 A.M. LEYH /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** MERIDIAN HEALTHCARE CENTER AT FRANKLINWOODS BALTIMORE COUNTY BALTIMORE If Under 1 Year 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, Year) **Funeral** 1 M 2 F Months Days Hours Yrs. Director 212-05-4085 DECEMBER 4,1907 BALTIMORE CITY, MD Usuat Residence of Deceden the Maryland 10a. State 10b. County 10c. City, Town or Location r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 10d. inside City Limits 1 ☐ Yes 2 ☐ No Director MARYLAND BALTIMORE BALTIMORE COUNTY 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? death with 4314 SILVER SPRING ROAD 21128 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No if Yes, Give Year or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Bleck, White, etc. 11. Maritai Status 72 hours efter 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐XNo Specify: Specify: þ 3 ☐ Widowed 4 ☐ Divorced WHITE Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry Peges 1 end 2 should be filed within 72 nent of Health and Mentel Hygiene.
nt: If Item 27 is marked other than "nat ry or other traumatic (Specify only highest grade completed) Elementary/Secondary (0-12) Coltege (1-4or 5+) N/A POWER STATION OPERATOR BALTIMORE GAS & ELECTRIC 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be JOHN HENRY LEYH 0 MINNIE LEOPOLD 19a. tnformant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4314 SILVER SPRING ROAD RUTH F. LEYH (WIFE) BALTIMORE, MARYLAND 21128 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete Peges 1 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) permit. Pege Department Important: If any injury or GARDENS OF FAITH CEMETERY JUNE 21, 1997 BALTIMORE, MARYLAND 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility LASSAHN FUNERAL HOME, INC. 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, App. shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death **Physician** /Medical Immediate Cause (Final THEATION disease or condition resulting in death) **Examiner** Due to (or es e consequença of) Examiner MUCTI-INFRACT DOMENTIA sician and buriel-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting In death) Last Due to (or as a consequence of): physician s the buriel Box 68760 8 Physician/Medical Due to (or es e consequenca of): 98 Po ned by the e Pert Ii. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? of Vital Records, P.O. signed by t 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy performed? Completed peen Hes pege 2 1 ☐ Yes 2 ☐ No certificate 25. Was case referred to medicat Be 26. Place of Death (Check only one) examiner? Other: 4 Rursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Yes 2 ☐ No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Athar this 28a. Dete of injury (Month, Day Year) 28c. fnjury at Work? 27. Menner of Death 28b. Time of 28d. Describe how injury occurred Certification: sion 5 Pending investigation 1 SNatural 1 ☐ Yes 2 Accident 6 Could not be 3 Suicide 28e. Place of injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 | Homicide à 29a. Certifier 1 CartifyIng Physicien: To the best of my knowledge, deeth occurred et the time, dete and plece, and due to the cause(s) and manner as stated. Medical 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred et the time, date and place, and due to the ceuse(s) and manner stated. 29b. Signature and with certified 29c. License number 29d. Dete signed (Month, Day, Year) 1 20390 30. Name and eddress of person who completed cause of death (ttem 23a) (Type, Print)

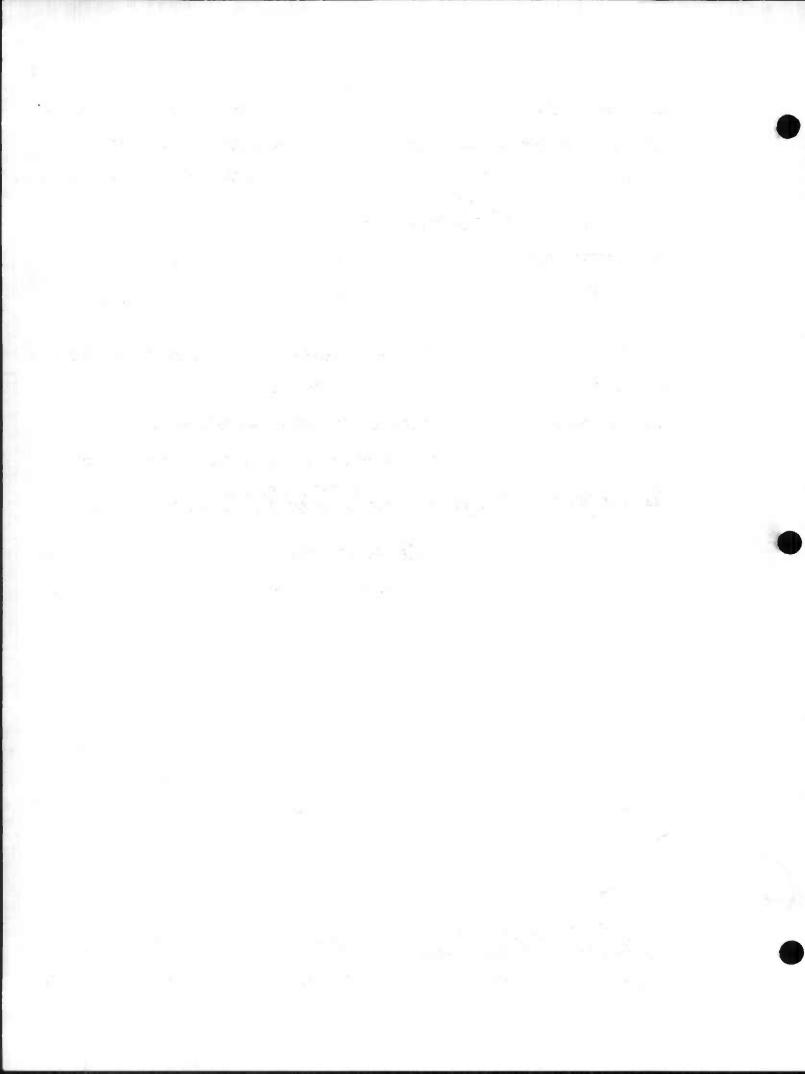
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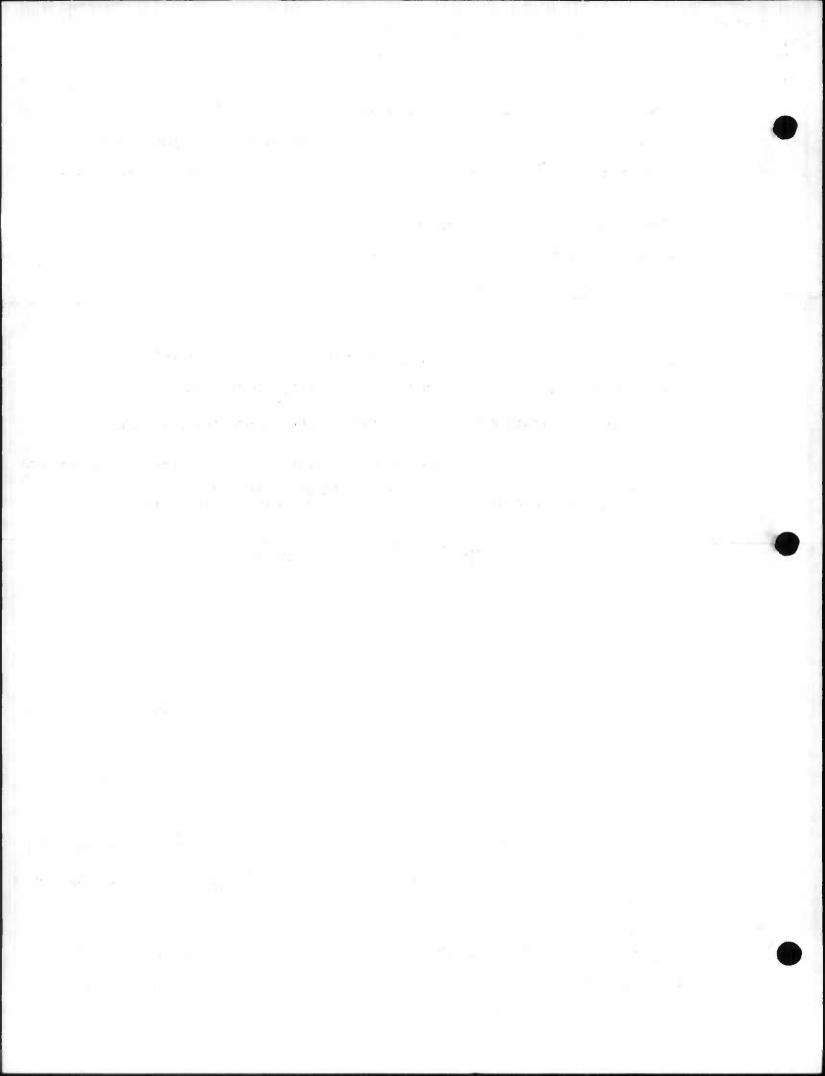
State

Registrar

31. Data filed (Month, Day, Year)

JUN 24 1997

32. Registrar's Signature



State of Maryland / Department of Health and Mental Hygiene

	11	I. Decedant's Nar	ma (First, Mi	iddla. Las	st)						2. Date of	Death			3. Time of Da
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lical	- 4	la. Facility Nama			Frede		osne	7		4b. City, Town, o	100000	21,	1997 4c. County	of Death	7 74.141.
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	5	Social Security		6.5		7. Age (In yr.	s. last birt		der 1 Year	iff Under 24 Hi	B. Date of	Birth			
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in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent'a Name (First, Middle, Last) 2. Date of Death 3. Time of Death Yaar **Physician** Myra E. Mc Donald 5:08 AM June 21 1997 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** BALTIMORE
If Under 1 Year | H Under 24 Hrs.
Wonths | Days | Hours | 144-THE JOHNS HOPKINS HOSPITAL.

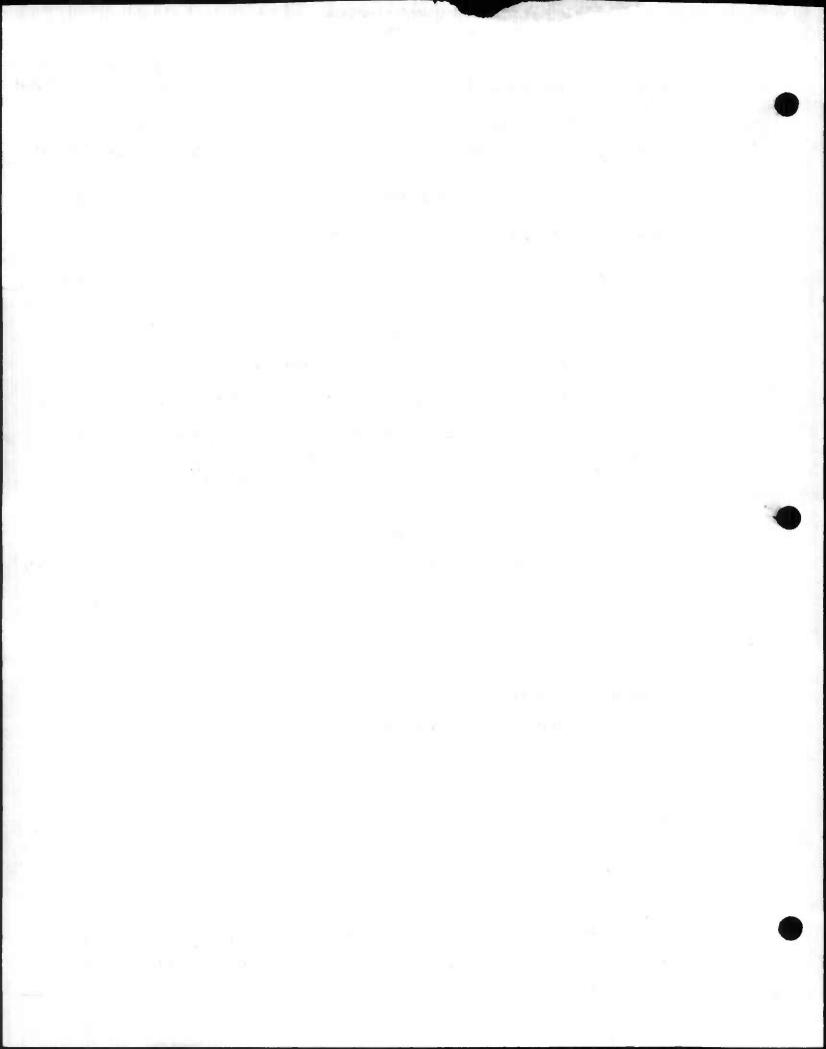
5. Social Security Number 6. Sex 7. Age 8. Date of Birth (Month, Day, Year) 9/2/1948 7. Age (In yrs. last birthday) 9. Birthplaca (Stata or Foreign BALTIMORE, MD. **Funeral** 1 □ M 2 □ F Director 219-52-5651 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or itema 23a or 28a-f ahow The Modical Examiner rivast be notified at Director MARYLAND 1 Vas 2 □ No BALTIMORE 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 1070 W. FAYETTE STREET USA 21223 Funeral 12. Was Decedent Evar In U,S. Armed Forces? 1 ☐ Yas 2 Ø No If Yes, Giva Year or Dates: Was Decedent of Hispanic Origin? (Specify Yas or Notif Yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. 11. Marital Status permit. Pages 1 and 2 should be filled within 72 hours aftar a Department of Health and Mental Hygiene. Important: If itsm 27 is marked other than "natural, or item any Injury or other traumatic event, the Medical Exempt 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: AFRO. AMERICAN 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Cotlege (1-4or 5+) CLERK BALTIMORE CITY 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumama) Be GOSSIE TALBOT MARGARET **TALBOT** 19a. Informant's Name/Relationship (Type, Pnint) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) CHARLES McDONALD 1070 W. FAYETTE STREET, BALTIMORE, MARYLAND 21223 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Removal from Stata LOUDON PARK CEM. 4 □ Donalion 5 □ Other (Specify) 6/27/97 BALTIMORE, MARYLAND 22. Name and Address of Facility ESTEP BROTHERS FUNERAL HOME, P.A.
1300 EUTAW PLACE, BALTIMORE, MARYLAND 21217 23a. Part1. Enter the disease, or complications that cause the death. Do not antar tha mode of dying, such as cardiac or respiratory arrest, shock, or hear agure. List only one cause on agains. Physician tmmediate Cause (Final disease or condition resulting in death) /Medical Gram Negative Sepsis Examiner Examiner Urmany Tract Infection burial-transit Sequentially list conditions, if any, teading to immediate ceuse. Enter Underlying Cause (Disease or Injury thal Initiated events resulting in death) Last Due to (or as a consequence of) certificata be exec Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or as a consequence ot) Part II. Other atgnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Dtd tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Pulmonary Tuberculosis Py Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Systemic Lupus Erythcomatosis 1 Yes 2 X No 1 ☐ Yes 22 No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifics completely filled in by the funeral director, 25. Was cese reterred to medicat examiner?
1 ☐ Yes 2 ☐ No Be 26. Place of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 27. Magner of Death 28b. Tima ot 28d. Describe how injury occurred 1 Natural 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 3 ☐ Suicide 28e. Place of tnjury - Al home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homicide times Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29a. Certifier 29b. Signature and titla of certifier 29c. License number 29d. Date signed (Month, Day, Year) June 21, 1997 RFS-000 MO 600 Morth Wolfe Street 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) Tower 110, Johns Hopkins Hospital, Baltimore, MD 2(287 Chih Hur Tou
31. Date tiled (Month, Day, Year)

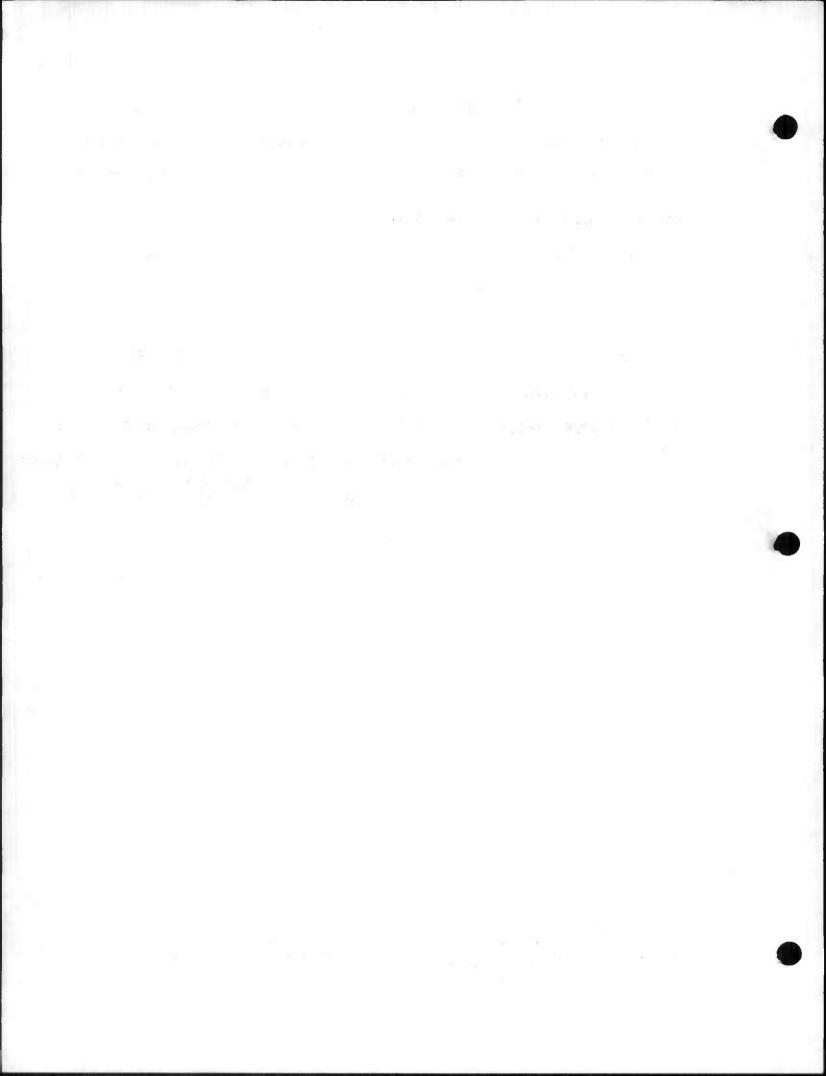
Registrar

JUN 2 4 1997



State of Maryland / Department of Health and Mental Hygiene 0.7 10161

				Ce	rtificate d	of Death	R	eg. No.	1 6	2101
Physic	ian	Decedant's Name (First, Middla, Last					2. Data of Deet Month	th Day	Yaar	3. Time of Deeth
/Medi			Edna Marie	e McCo:	rmick	- 1	June		997	2:30 P.M.
Exami	ner	4e. Facility Name (If not institution, give	street and number)			4b. City, Town, or I	ocation of Death	4c. County	of Death	
		64 Johnson Road			Was de la Marie	Pasadena		-	Arunde	
Funerai Director		5. Social Sacurity Number 6. S 216 18 3928	ex	rs. last birthday, Yrs.		aar If Undar 24 Hrs. ays Hours Min.	8. Data of Birth (Month, Day, Sept. 9	Year)	9. Birthplac Country Mary	ce (Stata or Foreign y) Land
/land		10a. Stata 10b. County	10c.	City, Town or L	ocation				100	d. Insida City Limits
Man Man	ţ	Maryland Anne Aru	undel P	asadena	1					1 □ Yas 28 No
vith the	Director	10e. Street and Number			10f. Zip Coo		1	Og. Citizen of \		17
a 23a	- Se	64 Johnson Road		110 lie		122		U.S		
d within 72 hours after deeth with the Maryland dwithin 72 hours after deeth with the Maryland glene. It than "netural", or items 23a or 28s-f show the Medical Examiner must be notified at	by Funeral	11. Maritel Status 1 □ Naver Marriad 2 □ Married 3 □ Widowad 4 □ Divorced	12. Was Decedant Evar in Armed Forcas? 1 ☐ Yes 2 ②No if Yes, Give Year or Datas:		Was Dacedant If Yas, specify (1 ☐ Yas 2 🛣	of Hispanic Origin? (S Cuban, Maxican, Puart No Spacify:	pacify Yas or No- o Rican, atc.)		e - Amarican ck, Whita, at Whi	c.
72 hc	eted	15. Decedent's Ed (Specify only highast grad	ucation da complated)	16a. Dece	dent's Usual Oc	cupation one during most of wor	kina	16b. Kind of B	usinass/Indu	stry
Althin ne.	Completed	Elemantery/Secondary (0-12)	Collega (1-4or 5+)	lifa.	DO NOT use re	etired)				
o filed within all Hygiene. other than "		11th 17. Fathar's Nama (First, Middla, Last)		Cle	erk	40 Mash are blow		Giant 1		
yidilik ould be f Mental h arked ot atic eva	Be		10.20		,	1	na (First, Middla, f		-	-
Mal yidild d 2 should be file th and Mental Hy 7 is marked oth traumatic evant	10	19a. Informant's Name/Ralationship (7	available)	Smit		reat and Number or Ru		not av	-	-
end 2 salth ar n 27 is er trau			daughter		Mirama		Pasader			
iges 1 and 2 should be filed. If of Health and Mental Hyg If item 27 is marked other or other traumatic evant,		20a. Mathod of Disposition	20b		osition (Name of matory or other			20c. Location -		
permit. Pages 1 er Department of Hea Important: if item 2 any injury or other		1. Suriel 2 ☐ Cramation 3 ☐ 4 ☐ Donetlon 5 ☐ Othar (Spacify				rial Park	5/21/97	Glen B	urnie,	Maryland
Physician /Medical Examiner	Examiner	23a/Part1. Entar tha disease, or counshock, or heert failura. Lift on the shock, ailura is the shock failura and the shock failura is the shock failu	a. Metast Due to	ath. Do not an	quence of):	chie Highwadying, such as cardled	or respiretory erra	ast,	li C	Approximate ntarval Betwaan onset and Death
eath certificate be executed attending physician and for use as the bunal-transit	Medicai	causa. Entar Undarlying Causa (Disaasa or Injury that Initiated events rasulting in daeth) Last	cDue to	(or as a consec	quanca of):					
death	sicla	Part II. Other significant conditions co	ntributing to death but not r	esuiting in tha u	indarlying cause	givan in Part I.	23b. Did to	bacco usa co	ntribute to ti	he cause of death?
es that the death ce igned by the attendi be deteched for use	by Physician/						1 🗆 Y			bly 4 Unknow
ew requir	Completed						24e. Wes e perforr		eveile	e autopsy findings eble prior to plation of cause eath?
	Con						1 □ Ye	s 2 No	10	Yas 200 No
ysiclan: The i s certificate he director, page	Be	25. Was case rafarred to medical axaminer?					th (Check only on	a)		
Physician: this certific ral director,	2	1 Yes 2 No		☐ ER/Outpatla			oma 5 Reside			
	5	27. Mannar of Deeth 1111 → Naturel 5 □ Panding	28e. Deta of Injury (Month, Day Year)	28b. Tima o Injury		njury at Work?	28d. Dascribe ho	w injury occur	red	
of Allending Physical of Personal of Allending Inches of Allending	Certificat	2 Accidant Invastigation 3 Suicida 6 Could not be 4 Homicida detarmined	28a. Piece of Injury - At building, atc. (Spec	homa, farm, st		1 □ Yas 2 □ No ice	28f. Location (St City or Town		per or Aural F	Routa Number,
Hospi Puger Fuger Interv	edical (29a. Cartifiar (Check only one) Certifying Phy and Cartifiar (Check only one)	sician: To the best of my ki iner: On the basis of axemin and mannar statad.	nowledge, deet nation and/or In	h occurred et th	e time, deta and placa ny opinion, death occu	and dua to the carred et the time, da	ausa(s) end me ate end place,	enner es stet end due to th	ed. ne cause(s)
To the within To the complet	Me	29b. Signature and title of certifier	110.	1	29c. Lic	ansa number	2	9d. Deta signe	d (Month, Da	ay, Year)
/		1 August	1/1/1	pro		113/15	/	Tune	20	7,1997
10		30 Name and eddrass of parson who c	ompléted cause of dualh (h	em 23a) (Type,	Print)					1111
\		Kussell 61, De	Luca, Ti,O.	1600	5-6	rain Ho	by May	suit 60	12, 1/en	Overfel 210
Sta	ate	31. Data tiled (Month, Dey, Year)	32. Ragistrar's Sig	natura					,	



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ITEM#25 & #30 ITEM#23a & #26 PER PHYS FLM#H748 6/24/87 J. Certificate of Death 1. Decedent'a Name (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** harles 06 15 Matthews /Medical 4e. Facility Name (If not Institution, give street and number 4b. City, Town, or Location of Death 4c. County of Death **Examiner** redical Systems Hospital Baltimore of Maryland University Baltimore City 7. Age (In yrs. last birthday) If Under 1 Year Months Days Hours Min. 8. Date of Birth (Month, Dey, 5. Social Security Number 6. Sex 1 D M 2 □ F Birthplace (State or Foreign Country) **Funeral** 2/6-34-9958 Usual Residence of Decedent Director Harylow tha Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at 1 Ves 2□No Director N BAINHERE Marylono 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? ŏ 4854 BOWLAND 238 21206 permit. Pages 1 and 2 should be filed within 72 hours after death 1 Department of Health and Mental Hygiene.

Important: If item 27 is marked other than "nature!" A phose in any injury or other traumatic avairable. USA Funeral Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) Was Decedent Ever in U,S. Armed Forces? 11. Marital Status 14. Raca - American Indien, Bleck, White, etc. 1 Never Married 2 Married Yes 20 No 1 ☐ Yes 2 No g 3 ☐ Widowed 4 ☐ Divorcad Year or Dates: Black Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 1/2iversity 60 Elementary/Secondery (0-12) College (1-4or 5+) JANITERIAL SUPERVISOR 12 YEARS

17. Father's Name (First, Middle, Last) BAIBAILE 18. Mother's Neme (First, Middle, Maiden Sumame) MATTHEWS GYEENE CHARIES 1. Orrine 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rure! Route Number, City or Town, State, Zip Code) كالراح المالية ا LORLAINE 3151ER MarsHAII 851 CEUNGE STREE 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 Buriai 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 97 ZANDAllshur, Red KING MENUPIAL 21. Signeture of Funeral Service Licenses 22. Name and Address of Facility CHA TMAN- HAVIS F. H REISTELSTAND RIASS 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heert failure. List only one cause on each line. Approximate interval Between Onset and Death **Physician** Immediete Cause (Final disease or condition resulting in death) /Medical CORONARY HEART DISEASE Examiner Due to (or as a consequence of) Physician/Medical Examiner ician and burial-transit The law requires that the death certificate be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or as a consequence of) physician s the burial P.O. Box 68760. Due to (or as a consequence of): USB signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, ģ 24b. Were autopsy findings available prior to completion of cause of death? page 2 should Completed 24a. Was an autopsy performed? cartificata 1 Yes 2 No 1 ☐ Yes 2 ☐ No Hospital or Attanding Physician: in by the funarel director, 25. Was case referred to medical exeminer? Be 26. Place of Death (Check only one) 1DYYes 2□ No Other: 4 Nursing Home 5 Residence 6 Nother (Spec Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient ☐ DOA this 28a. Date of injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending Investigation Aftar 1 Naturai To the Hospital or Attandit within 24 hours aftar daath. To the Funeral Director: A 1 Yes 2 No 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide complataly filled Text Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) end manner steted. 29a. Certifier Medical (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year)

State Registrar 31. Date filed (Month, Day, Year)

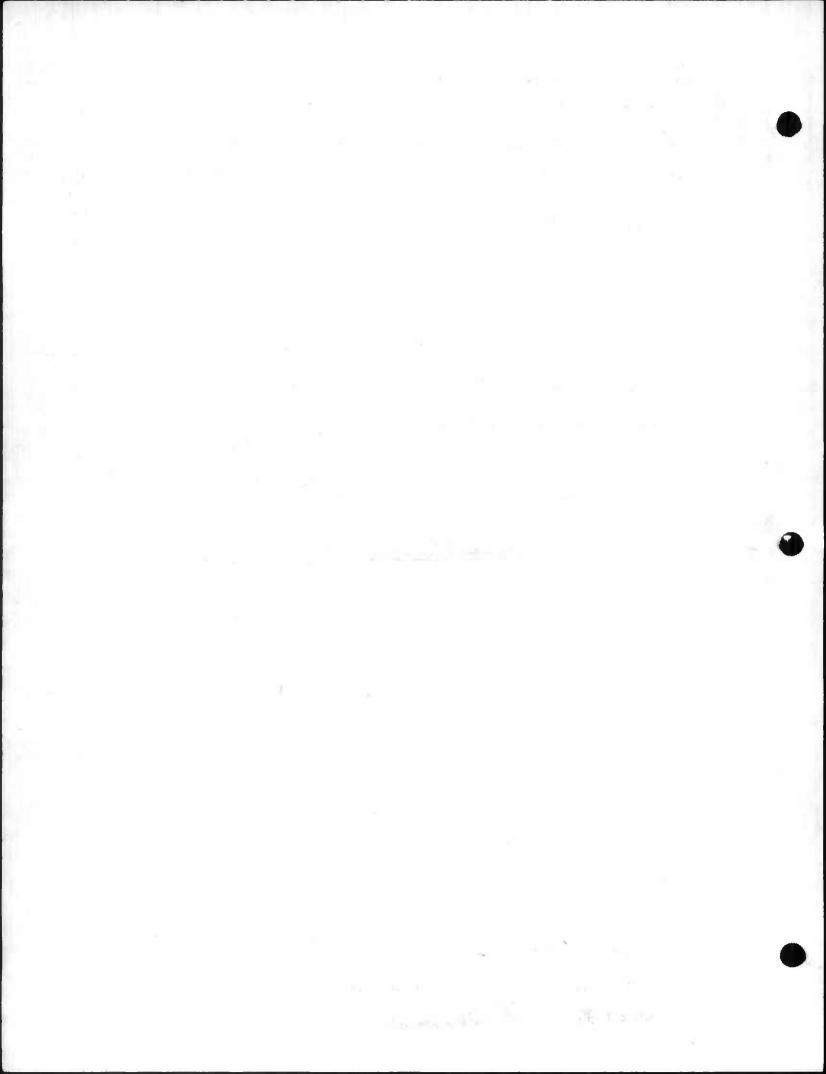
JUN 2 4 1997

June Davidson And M

22 S. GREEN STREET BALTIMORE, MD. 21201

person who completed cause of deeth (Item 23a) (Type, Print)

WILLIAMS, MD.



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_																
	1. DECEDENT'S NAME (First,	, Middle, Lest)		T 3.5						2. DATE OF I	DEATH		YEAR	3. TIME OF DEATH		
			3	L. Mer						June	17	19	97	5:00 P. M		
	4. SOCIAL SECURITY NUMBER	-11	5. SEX	6. AGE (In yrs. le:	YRS.	IF UNDER	DAYS	HOURS	R 24 HRS.	7. DATE OF E (Month, De	y, Year)		Counti			
	218 07 87		21.	102	THO.					April	6,18			ginia		
~	9a. FACILITY NAME (If not in				r				ION OF DE	EATH	0.00		NTY OF D	rundel		
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ည္အ၂	10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCAT	ION		7		1111		10d. INSIDE CITY LIMITS?		
DIRECTOR	Maryland	Anı	ne Arunde	1	G1	en E	Burn:	ie						1 TES 2 NO		
A	10e. STREET AND NUMBER						101	ZIP COO						WHAT COUNTRY?		
E	102 Chart	er Roa	ad					210	061			U	J.S.A	4.		
5	11. MARITAL STATUS			T EVER IN U.S. AF						NIC ORIGIN? (S		or No—	14. RACI	E — American Indian, k, White, etc.		
BY FUNERAL	1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE				1 TYES				.,,	1	Spec	White		
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COMPLETED	Elementary/Secondary (9-12)	College (1-4 or 5		ome N	laker					Own	Home	2			
8	17. FATHER'S NAME (First, M	tiddle, Lest)		-				18. MOT	THER'S NA	ME (First, Midd	lle, Malden S	Sumame)				
O W		(Chris Ma	son					(no	ot ava:	ilabl	le)	Mas	son		
) BE	19e. INFORMANT'S NAME (Type/Print)		16	b. MAILING	ADDRES	S (Street a	nd Numbe		Route Number, (
2	Wanda Spo	naugle	e	6	642	Whit	more	Cou	ırt	Glen E	Burni	e, M	aryl	and 21061		
	20s. METNOD OF DISPOSIT		noval from State	20b. PLACE						DATE				own, State		
	4 Donation 5 DOther	r (Specify)		Ceda	Cedar Hill Cemetery						6/20 Baltimore, Maryland					
	21. SIGNATURE OF FUNERA	-	7	1	22. NAME AND ADDRESS George J. (ice Fun	eral	Hom	e P.	Α.		
	23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arre-															
CERTIFICATION	IMMEDIATE CAUSE (Fideease or condition resulting in desth) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LAS	tions, odlete	C.	bable of or as a conse of or as a conse of or as a conse	EQUENCE O		lia	dio	ar	rhyt	hyn	nio dis	eque	onset and Paath Co uple Minutes Several Years		
	DART II Osber election			death had not		la da			ala la	Beat la	a. WAS AN	ALFRANCE	Lau	b. WERE AUTOPSY FINDINGS		
N: MEDICAL	PART II. Other signification	ent condition	wa contributing in	deem but not	resulting	in the G	noarryin	g cause	given in		PERFOR	MED?	24	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIA	25. WAS CASE REFERRED'S	TO MEDICAL	HOSPITAL:			OTH		LACE OF	DEATH (C/	heck only one)						
Si	1 YES 2 NO			☐ ER/Outpatient	3 🗆 DOA	OTHÉ 4 ☑ Nu		ne 5 🗆 1	Rasidence	6 - Other (S	specify)	Y.	95			
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 2 Accident	27. MANNEP OF DEATN 1 Netural 5 Pending 28e. DATE OF 1 (Month, De					W	JURY AT ORK? YES 2	□ NO	28d. DESCR	IBE HOW II	NJURY OC	CURED			
	3 Suicide 8 4 Nomicide	Could not be determined	28e. PLACE	OF INJURY — At h	street, fac	ctory, offi	De			ON (Street a Town, State)	and Numbe	or Rural	Route Number,			
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	31. DATE FILED THAT	4799	32, Hoggilde	AN EGISTORIE	-1/2-14	-										

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 55 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

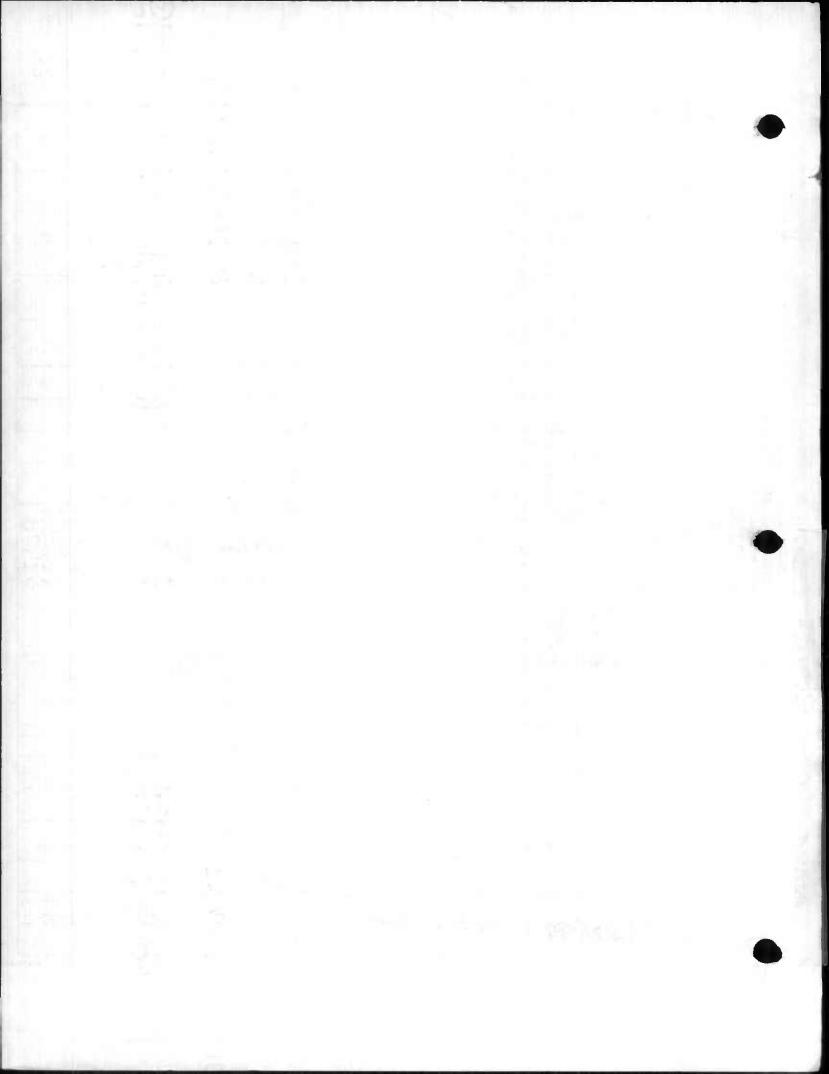
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

£5111/9

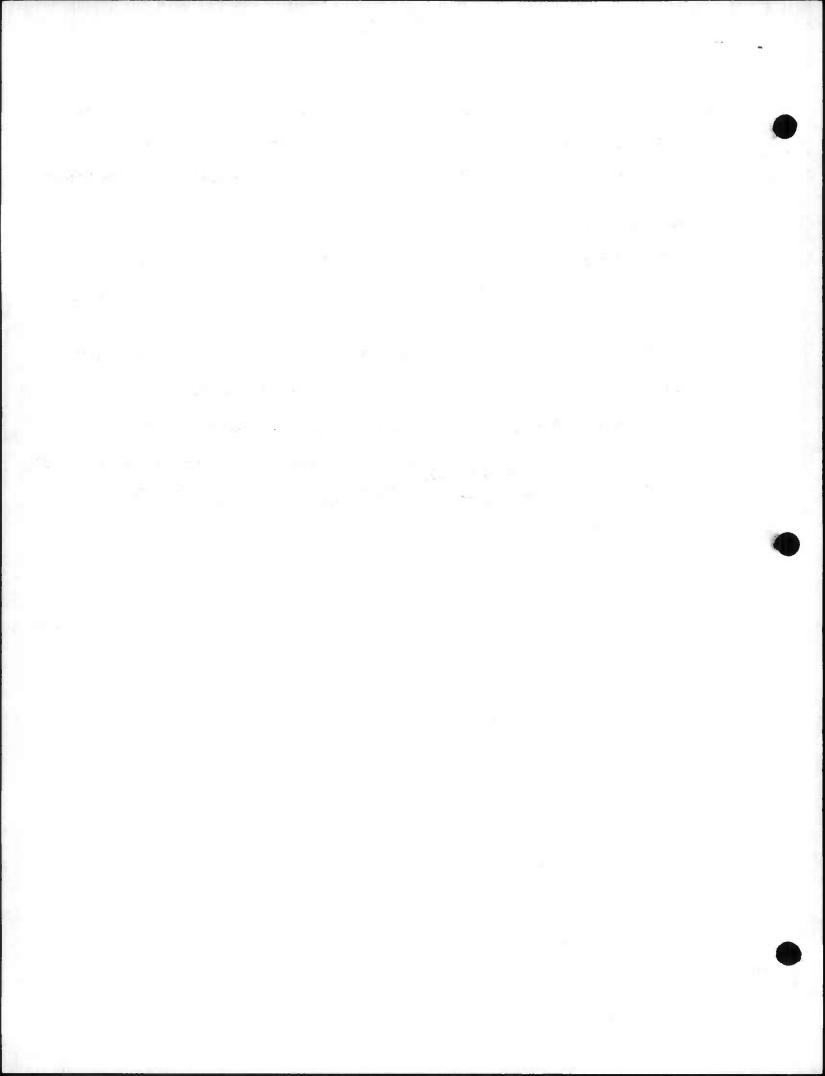
MERSOR VERGIE



State of Maryland / Department of Health and Mental Hygiene 07

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	ToB	Marvin Weav	er						Vac	ta Lu	ida Po	tte		
d 2 should th and Mer 7 is marks traumatic	-	19a. Informant's Name/Relati		Type, Print)		195	Mailing A	ddress (Stree				er, City or Tov	wn State 7	in Code1
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DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First Middle Last) 2. Date of Death **Physician** Month Year Angelina Naglieri 23, June 1997 /Medical 4:50 pm 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Heritage Center 7232 German Hill Rd. **Dundalk** Baltimore 5. Social Security Number If Under 1 Year If Undar 24 Hrs. 7. Aga (In yrs. last birthday) 8. Dete of Birth (Month, Dey, Year) Birthplace (Stete or Foreign Country) **Funeral** Hours 1 □ M 2 TF 91 212-74-6656 Director 12-01-1905 Italy Usual Residence of Deceden the Meryland 10a. State 10b Counts 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Modical Examinar must be notified at MD Baltimore Dunda1k 1 ☐ Yes 2 No Director 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? with 2017 Wareham Road 21222 death v Funeral IISA 12. Was Decedent Evar in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - Amarican Indian, Peges 1 and 2 should be filed within 72 hours efter or nent of Heelth and Mental Hygiene. nt: If Nem 27 is marked other than "natural", or iter Black White etc. 1 ☐ Navar Married 2 ☐ Marriad 1 Yes 2 No If Yes, Giva Yaar or Dates: 3altimore, Maryland 21215-0020 þ White 3 XWidowad 4 ☐ Divorced 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) In own Home Homemaker 6th 17. Father's Name (First, Middle, Lest) 18. Mother's Nama (First, Middle, Melden Surneme) Nicola Spadaccini Mary DiCorsa 19a. Informant's Name/Reletionship (Type, Print) Son 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 2017 Wareham Road Baltimore, Maryland 21222 Michael J. Naglieri Sr. other 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State permit. Peges
Department of
Important: If It
any injury or o 1 ■ Burlal 2 □ Cremation 3 □ Removal from State 6/27/97 Baltimore, Maryland Holy Redeemer Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility Joseph N. Zannino Jr. Funeral H. 21. Signature of Funeral Service Licensee an 263 S. Conkling St. Baltimore, Maryland 21224 annered) 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Intervel Between Onset and Death **Physician** CARDIOYULMONARY /Medicai Immediate Cause (Finel disease or condition resulting in death) Examiner Examiner ALZHEIMERS UNKNOWN physician and s the buriel-trans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events rasulting in death) Last MALNU TRITION

Due to (or as a consequence of): Physician/Medical INSULIN DEPENDAN DIABETES MELLITUS " 89 Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Pert I. Records, P.O. 23b. Did tobacco use contribute to the causs of death? CEREBROU AS CULAR 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Onknown ACLIDENT þ 24b. Were eutopsy findings available prior to completion of cause of deeth? AMEMIA 24a. Was an autopsy performad? Completed DEPRESSION 2 NO 1 ☐ Yes 2 ☐ No Division of Vital 25. Wes case referred to medical examiner?

1 Yes 2 700 Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Sursing Home 5 Residence 6 Othar (Specify) 2 funeral 27. Manne of Death 28a. Deta of Injury (Month, Dev Year) 28d. Describe how Injury occurred Certification: 28b. Time of 28c. Injury at Work? After Naturel 5 Pending i or Attending after death. I Director: Aft 1 Yes 2 No Investigation 2 Accident 6 Could not be determined 3 ☐ Suicida 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) Placa of Injury - At home, farm, street, factory, office building, atc. (Specify) 4 Homicide 50 rai 29a. Certifier 1D Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and pleca, and due to the cause(s) and manner as stated. Medical (Check only one) 2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, deeth occurred et the time, dete end piece, end due to the cause(s) and manner stated. 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Yeer) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Battines 2 Markel 31. Dete filed (Month, Dey, Year) 32. Pegistrar's Signature

Fine Navidson-Randelle

DHMH 16 Rsv 6/95

Registrar

JUN 2 4 1997

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First Middle Lest) 2. Deta of Death **Physiclan** Month Yaer Jerome W. O'Brocki June 22 1997 12:01 A.M. /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner 110 Vista Ave Ferndale Anne Arundel 5. Sociel Security Number If Undar 1 Year | If Undar 24 Hrs. 6 Sax 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Dey, Year) Birthpleca (Stata or Foreign Country) 11℃ M 2□ F Days Hours Yrs 216-24-9906 67 October 1, 1929 Maryland Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1 ☐ Yes 2 ☑ No Maryland Anne Arundel Baltimore 10e. Straet and Number 10f. Zip Coda 10g. Citizen of What Country? 122 Wallace Ave 21225 U.S. Funeral 12. Was Decedent Evar in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuban, Mexicen, Puarto Rican, etc.) 11. Marital Status 14. Rece - American Indian, Bleck, White, etc. 1 M Yes 2 No If Yes, Give Yaar or Detas: Korean 1 ☐ Never Married 21 Married 1 ☐ Yes 2 No Specify: Specify: White g 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Businass/Industry (Specify only highast grade completed) Elementery/Secondary (0-12) College (1-4or 5+) 12th Grade Laboratory Technician F.M.C. Corporation 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Frank O'Brocki Lottie Not Available 2 19a. Informant's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Ethel M. O'Brocki / Wife 21225 122 Wallace Ave, Baltimore, Maryland 20a. Method of Disposition 20b. Place of Disposition (Nema of cematery, cremetory or other place) 20c. Location - City or Town, State 1 X Buriai 2 Cremation 3 Removal from Stete 4 ☐ Donation 5 ☐ Other (Specify) Cedar Hill Cemetery 6/25/97 Baltimore, Maryland 21. Signature of Funeral Service Licensae 22. Name end Addrass of Fecility Gonce Funeral Home P.A. 4001 Ritchie Tucha Highway, Baltimore, Maryland 21225 23a. Pert1. Enter the disease, or complications that caused the death. Do not antar the mode of dying, such as cerdiec or respiratory arrast, shock, or heer failure. List only one ceuse on eech line. Immediate Cause (Final diseesa or condition resulting in death) 6 Montas to (or es e consequence of): Sequentially list conditions, if any, leeding to immediata cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or as e consequence of) Physician/Medical Due to (or es a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown by 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24e. Was an autopsy performad? 1 Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Wes cese referred to medical exeminer? 26. Plece of Deeth (Check only one) Hospital: 1 Yes 2 No Other: 4 Nursing Home 5 Presidence 6 Other (Specify) 70 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred edical Certification: 28c. Injury et Work? 1 Naturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicida 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homiclde 12 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the causa(s) and menner as steted. 29a. Certifier 2 Madical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) end menner stated. 29b. Signetura and title of certifiar 29c. Licansa number 29d. Date signed (Month, Dey, Year) D39505

Division of Vital Director: / or A To the

Attending Physician:

State Registrar

Funeral

Director

r than "natural", or items 23s or 28s-f show the Medical Experiment must be notified at

permit. Peges 1 end 2 should be filed within 72 hours efter. Depertment of Health end Mental Hygiene. Important: If item 27 is merked other than "naturelt, or item any injury or other traumetic event.

Physician /Medical

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P.O.

Records,

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Baltimore, Maryland 21215-0020

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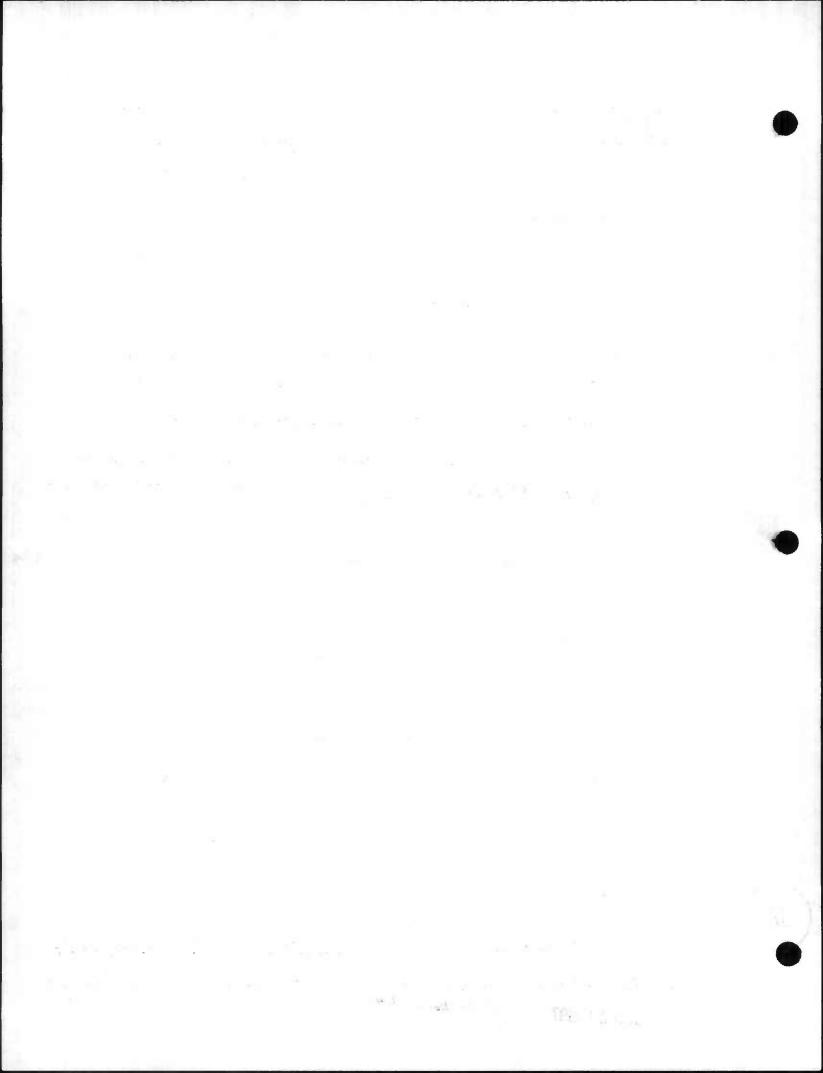
death

MARKAN M.D.

32 Ashistrano Signature Rendered udhishtra 31. Date filed (Month, Dey, Year JUN 2 4 1997

ress of person who completed cause of death (Item 23e) (Type, Print)

1406-B CRAIN Huy Glen Burne Md



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death ITEM: 7 perFH G-748 6-24-97 eoh 1. Decedent's Neme (First, Middle, Last) 2. Deta of Daath 820 **Physician** Month MARY LOUISE POWELL LUNE 23 /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** YORK ROAD BALTIM ORKE If Under 1 Yaar | If Under 24 Hrs. | 8. Dete Months | Deys | Hours | Min. | (Mon MULTI - MEDICAL 5. Sociel Security Number 6. Sex 7. Aga (In yrs. lest birthday) 9. Birthplece (State or Foreign Country) **Funeral** 1 □ M 200 Director 218-32-0870 July 12, 1917 OHIO Usual Residence of Decedent death with the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits or 28a-f show "natural", or items 23s or 28s-f shored call Examiner must be notified at MARYLAND BALTIMORE TOWSON Director 1 ☐ Yes 2 No 10e. Street end Number 10f. Zip Code 10a. Citizen of Whet Country? 7700 York Rd. 21204 USA by Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ※☐ No If Yes, Give Yeer or Dates: 11. Maritel Stetus Was Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Ricen, etc.) 14. Rece - American Indian, Bleck White etc. Pages 1 end 2 should be filed within 72 hours after nent of Health end Mental Hygiene. 1 Nevar Marriad 2 Married Baltimore, Maryland 21215-0020 1□ Yes 2□ No WHITE Specify: 3 X Widowed 4 □ Divorced Completed th end Mental Hygiene. 7 Is marked other than "natur traumatic event, the Wedical 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry Metal Working College (1-4or 5+) Elementery/Secondery (0-12) n/a Estimator Machine Sales Industry 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Ernest P. Barry Bessie Schaffer 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) nt of Health e : If Item 27 is or other trai Walter Powell/Son 1130 Wiseburg Rd., White Hall, Md 21161 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 24 June 1 ☐ Burial 2 X Cremation 3 ☐ Removal from State Department of Important: If any injury or once. 4 ☐ Donetion 5 ☐ Other (Specify) Carroll Cremation Services 1997 Hampstead, MD 21. Signature of Funerel Sarvice Licensee 22. Name and Address of Fecility Victor Lengrand, Jr. Lemmon Funeral Home of Dulaney Valley, Inc. 10 W. Padonia Rd., Timonium, MD 21093 23e. Pert1. Enter tha disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory errest, interval Bulleting and the complete shock, or heart failure. List only one cause on each line. Approximeta Intarval Batween Onsat and Death **Physician** /Medical Immediete Causa (Final diseese or condition resulting in deeth) Examiner certificate be executed the buriel-transit Sequentielly list conditions, if eny, leeding to Immediata cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or es a consequença of): Box 68760. Physician/Medicai Due to (or es a consequence of): death P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 20 No 3 Probably 4 Unknown Division of Vital Records, þ Completed 24b. Were autopsy findings evellable prior to completion of ceusa of deeth? 24a. Wes an eutopsy performed? The law After this certificate 1 ☐ Yes 2 ☐ No or Attending Physician: director, 25. Wes case referred to medical Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Rasidance 8 Other (Specify) 2 1 ☐ Yes 2K No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Deeth Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 1 Netural 2 Accident 5 Pending invastigation death. 1 ☐ Yes 2 ☐ No s after death. filled in by the 3 Suicide 6 Could not be 28e. Plece of Injury - At home, ferm, street, fectory, offica building, atc. (Specify) Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital o within 24 hours af To the Funeral Di completely filled I Medical 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the ceuse(s) end menner es stated. Medicat Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete and piece, and due to the cause(s) end menner steted. 29e. Certifier

29c. License number

29d. Deta signed (Month, Day, Year)

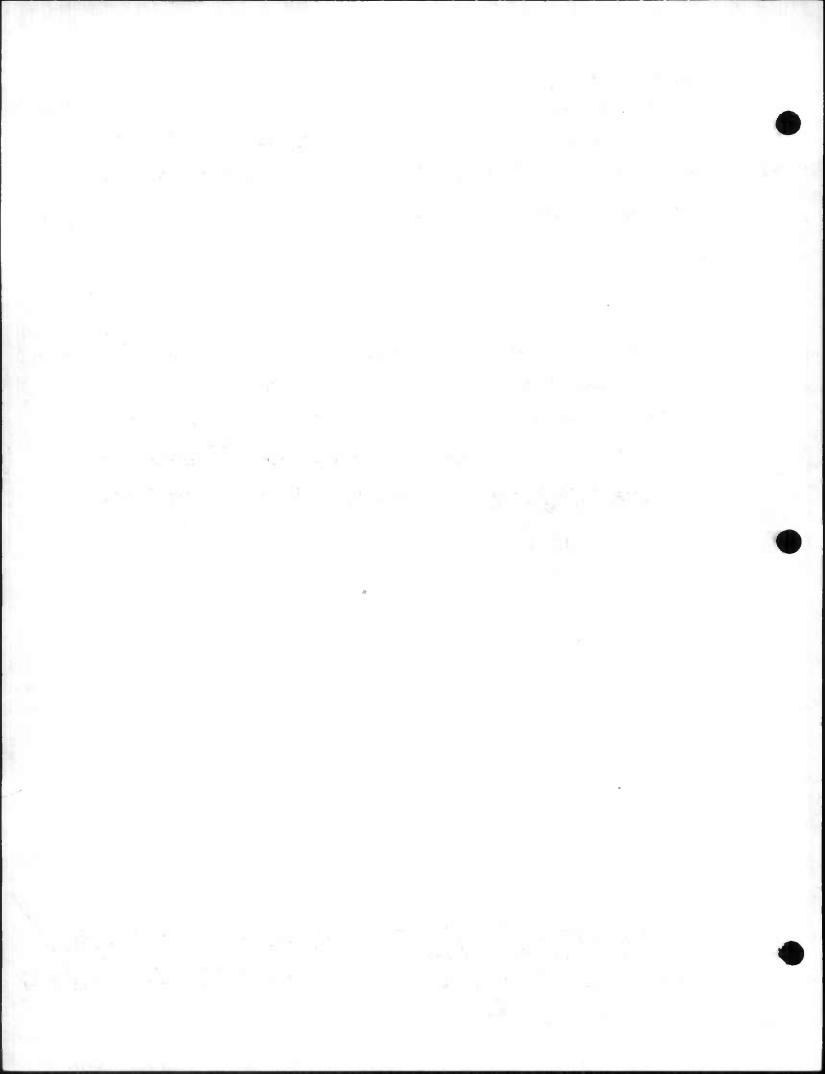
ON COURT Rd, BOLTINORS, WD ZIZOS

State Registrar

ShElle L 31. Dete filed (Month, Dev. Year) JUN 24 1997

29b. Signature end title of certific

of death (Item 23a) (Type, Print)

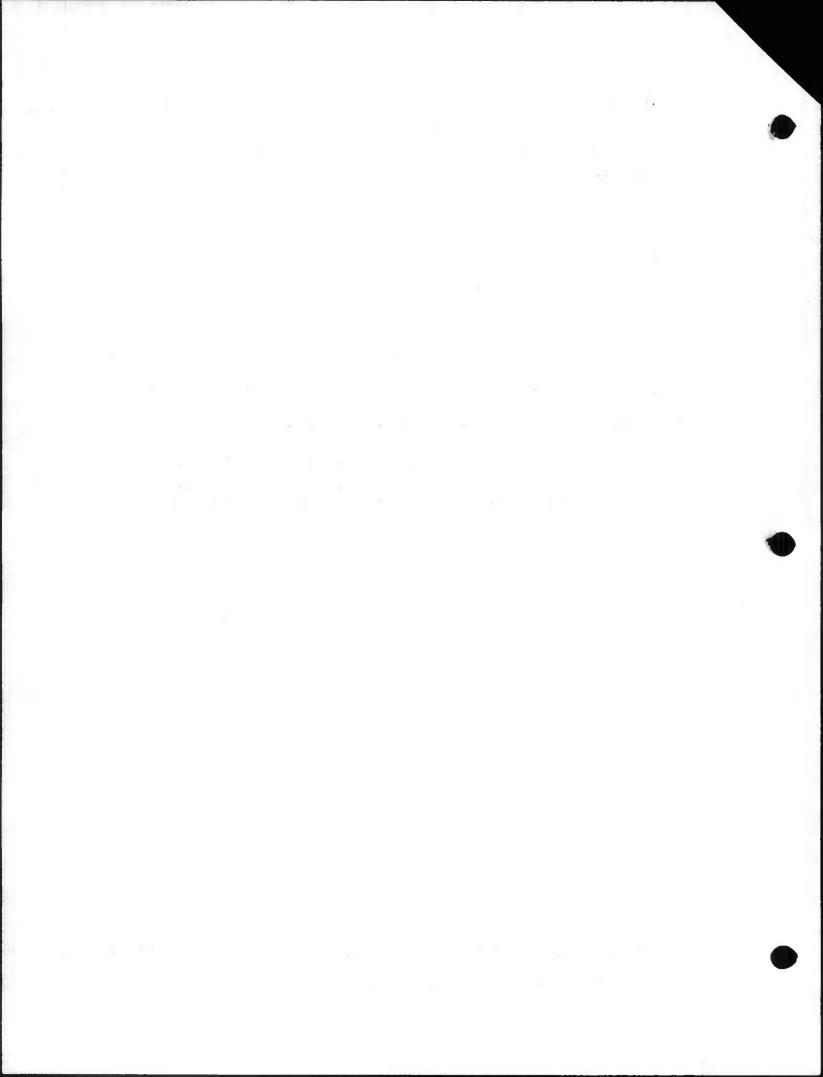


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	Funeral Director		5. Social Security Number 6. S 577–40–5701 Usuel Residence of Decedent	M 2DF	ge (In yrs. la: 76	Yrs.	Months Deys	Hours Min.	8. Date of Bi (Month, D	nn ey, Year) 12,192]	9. Birthi Cour NEV	place (State or Foreigntry) VYORK		
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	r 28a	irec	10e. Street and Number				10f. Zip Code			10g. Citizen of	What Cou	ntry?		
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Maryiand	d 2 The 7	-	19e. Informant's Neme/Reletionship (e Number, City or Town, State, Zip Code 2081.									
ນົ	oth de de		MRS. FRANCES ROSS (WIFE) 5225 POOKS HILL ROAD, APT. 1303 SOUT 20e. Method of Disposition 20b. Place of Disposition (Name of commetter), cremetory or other place) 20c. Location - Circles and Commetter of Commet											
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State Registrar

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last). 2. Dele of Deeth RETBLICH **Physician** ALDA JUN & /Medical 4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Levindale Geriatric Center Baltimore If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth
Hours Min. (Month, Day, Year) 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** 1□M 2⊠F Months Deys Hours Yrs. Director 79 212-10-3369 June 22, 1918 Maryland Usuel Residence of Decedent the Meryland 10e Slate 10b. County 10c. City, Town or Location 10d. Inside City Limits permit. Peges 1 and 2 should be filed within 72 hours after death with the Meryla Department of Health and Mental Hydene. Important: if item 27 is marked other than "naturat", or items 23a or 28s-4 show any Injury or other traumatic event, the Medical Examiner must be notified at any Injury or other traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2 ☑ No Director Maryland Baltimore Rockdale 10e. Street and Number 10f, Zip Code 10g. Citizen of Whet Country? 3305 N. Rolling Rd. 21244 Funeral USA 12. Wes Decedent Ever In U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Rece - American Indian, Black, White, etc. 1 ☐ Yes 2 No If Yes, Give Yeer or Deles: 1 ☐ Never Merried 2 ☑ Merried 1 Yes 2 No Specify: ģ Specify: 3 ☐ Widowed 4 ☐ Divorced White 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Baltimore County College (1-4or 5+) 12 years Cafeteria Worker Public Schools 17. Felher's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Marcus August Ide Katherine Eunice Slack 19a. Intormant's Neme/Relationship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3305 N. Rolling Rd. Wm. Edward Reiblich (Husband) Baltimore, MD 21244 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 ☑ Buriai 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donation 5 ☐ Other (Specify) 6-25-97 Marriottsville, MD Mountain View Cemetery of Funerel Service Licenses 22. Neme and Address of Facility
Loring Byers Funeral Directors, Inc. 8728 Liberty Rd. Randallstown, MD 23a. Pen I enter the disease, or complications that caused the death. Do not enter the mode of dying, auch as cerdiac or respiratory arrest, about or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Physiclan /Medical Immediate Cause (Finel enesis ~/moult disease or condition resulting in deeth) Examiner Due to (or as a consequence ot) Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of): and physician s the buriel slan of Vital Records, P.O. Box 68760, Physician/Medicai Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Onknown p 24b. Were autopsy findings svellable prior to completion of cause of death? 24e. Wes en autopsy performed? Completed 1 ☐ Yes 2 ☐ No certificate Be 25. Was case reterred to medical 28. Piece of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Impatient 2 ER/Outpallent 3 DOA 첉 28e. Dete of Injury (Month, Day Year) 27. Menner of Deeth 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Certification: Ather 1 Naturel 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident Investigation 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, alreet, fectory, office building, etc. (Specify) 4 Homicide 29a. Certifier 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) and manner as stated. Medical 2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. To the within 2 To the complex 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 4481 June 23.1997 30. Neme end address of person who completed cause of deeth (Item 23a) (Type, Print) ane W. Beliedere 31. Dete filed (Month, Day, Year) 32. Registrar's Signeture State JUN 24 1997 a Davidson , andale Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death Month **Physician** June 21, 1997 Martin Robert Rowell 8:05pm /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Towson Stella Maris Baltimore H Under 24 Hrs. 8. Data of Birth Hours Min. (Month, Day, Yaar) 5. Social Sacurity Number If Under 1 Year Months Days 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) **Funeral** 1∏M 2□F Days Yrs. Director 416-18-8800 75 Nov 4, Alabama Usual Rasidance of Decadant the Maryland 10a. Stete 10b. County 10c. City. Town or Location 10d. Insida City Limits 7 is marked other than "naturel", or items 23a or 28a-f show traumatic event, the Medical Examinar must be notified at 1 ☐ Yas 2 ♥ No Director Maryland Baltimore Timonium 10e. Straat and Number 10f. Zip Code 10g. Citizan of What Country? 2204 Foxley Road 21093 USA death 11. Marital Status 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, permit. Pages 1 end 2 should be filed within 72 hours effer of Department of Health and Mental Hygiene. Important: If them 27 is marked other than "naturel", or fire endy injury or other traumatic event, the Medical Examinations and Black, Whita, atc. 1 ☐ Navar Married 2 ☐ Married 1 ☐ Yas 2 No Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ 3 □ Widowad 4 □ Divorced White Completed 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry 16e. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) Elemantary/Secondary (0-12) Collega (1-4or 5+) Oyster Shells 12 Sales Representative n/a 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middla, Maidan Sumama) Rowell John Wesley Inez Lott 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Mary M. Rowell/Wife 2204 Foxley Road, Timonium, MD 21093 20b. Placa of Disposition (Nema of cematary, cramatory or othar placa) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 XBurial 2 Cramation 3 Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) New Home Baptist Cemetery 6/25/97 Citronelle, Alabama 21. Signature of Funeral Sarvica Licansea 22. Nama and Addrass of Facility Bryan Clary Lemmon Funeral Home 10 W. Padonia Road, Timonium, MD 21093 23a. Part1. Enter the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failule. List only one cause on each line. Approximata Interval Between Onsat and Death **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in death) **Examiner** physician and the buriel-transit he death certificete be executed Exami Sequantially list conditions, if any, laading to immadiata ceusa. Entar Undarlying Cause (Disease or Injury that initieted avents rasulting in daath) Last Dua to (or as a consequence of): Box 68760. Physician/Medical Dua to (or as a consequanca of): 98 for use es Part II. Other significant conditions contributing to death but not resulting in the underlying ceusa given in Part I. 23b. Did tobacco use contribute to the cause of death? O 1 Yes 2 No 3 Probably 4 Unknown Completed by 24b. Wara autopsy findings available prior to complation of ceusa of death? 24a. Was an autopsy page 1 Yas 2 No 1 Yas 2 No Division of Vital To the Hospital or Attending Physicians within 24 hours efter death.

To the Funeral Director: After this certifiant completely filled in by the funeral director. 25. Was casa rafarred to medical Be 26. Placa of Death (Check only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 410 Nursing Homa 5 Residence 6 Othar (Specify) 1 Yas 2 No Certification: To 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Dascribe how injury occurred 1 X Natural 5 Panding 1 ☐ Yas 2 ☐ No invastigation 2 Accidant 6 Could not be datarmined 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 3 ☐ Suicida 28a. Place of Injury - At homa, farm, streat, factory, office building, etc. (Specify) 4 - Homicide 1XX Cartifying Physician: To the best of my knowledge, deeth occurred at tha time, data and place, and dua to tha causa(s) and manner as stated.

2 Medicat Examiner: On the best of exeminetion and/or invastigation, in my opinion, deeth occurred at the time, data and place, and dua to the ceusa(s) and manner stated. Medical 29e. Certifian 29b. Signetura and titla of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) June 24, 1997 D 19166 30. Nemp end eddrass of person who complated causa of death (Item 23e) (Type, Print) 10629 York Road, Cockeysville, MD Alan Baldanza, 32 Registrar's Signatura 12 Days doon Jandane 31. Data filed (Month, Day, Yaar) State JUN 2 4 1997 Registrar

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First Middle Last) 2. Data of Death 3. Tima of Death Day **Physician** Month Clara RUDOLF 23, June 1997 2:02 A. M. Frances /Medical 4b. City, Town, or Location of Death 4a. Facility Nama (If not institution, giva street and number) 4c. County of Death Examiner Franklin Square Hospital Center Rosedale Baltimore If Undar 1 Year If Undar 24 Hrs. 8. Data of Birth (Month, Day Year) 9. Birthplaca (Stata or Foraign Jan. 15,1916 Maryland 5. Social Security Number 7. Aga (In yrs. last birthday) **Funeral** Months Days Hours 1□ M 2□ F 81 214 05 3582 Director Usual Rasidanca of Decedant filed within 72 hours efter death with the Maryland 10a, Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits Hygiene. other than "natural", or items 23s or 28s-f show rent, the Medical Examiner must be notified at Maryland Baltimore Middle River 1 Yas 2 No Director 10f. Zip Code 21220 10e. Street and Number 10g. Citizan of What Country? 2111 Oakland Road USA Funerai 14. Race - Amarican Indian, Black, Whita, atc. 12. Was Dacedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Ricen, atc.) 1 ☐ Navar Marriad 2 Married 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 2 Mo Specify: Specify: White þ 3 Widowed 4 Divorced Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) College (1-4or 5+) Own Home Housewife 6 permit. Pages 1 and 2 should be filed Depertment of Health and Mental Hygi Important: If Item 27 is marked other any injury or other traumatic event. 17. Fathar's Nema (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Martha Cieslak Michael Rykowski 2 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 2111 Oakland Road Middle River, Maryland 21220 Edward J. Rudolf (husband) 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Ramoval from Stata St. Stanislaus Cemetery 6/25/97 Baltimore, MAryland 4 Donation 5 Other (Specify) 21. Signatura of Funaral Sarvice Licensaa Bruzdzinski Funeral Home PA 1407 Old Eastern Ave. Essex, Maryland 21221 Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, or haert failure. List only one cause on each line. Approximete Intarval Betw Onsat and Death Physiclan /Medical tmmediate Cause (Finel disaasa or condition rasulting in daath) Bacterenic 24 Hours Examiner /weck Due to (or as a consaquanca of): Examiner Preumonia the burial-transit The law requires that the death certificate be executed Saquantiatly list conditions, if any, laading to immadiata ceusa. Enter Undarfying Causa (Disaasa or Injury thet initieted avents rasulting in daath) Last pug Dua to (or as a consequance of): Box 68760, physician Physician/Medical Dua to (or as a consequance of): USB 88 ó Part II. Other algnificant conditions contributing to death but not resulting in the underlying causa given in Part I. Division of Vital Records, P.O. be deteched 23b. Did tobacco use contribute to the cause of deeth? 1 Yes 2 XNo 3 Probably 4 Unknown þ 24b. Wara autopsy findings avaitable prior to completion of cause of death? Completed 24a. Was an autopsy performed? page 2 hes certificate 1 Yas 1 ☐ Yas 2 ☐ No Physician: Be 25. Was cese refarred to medical axaminar? 26. Pleca of Deeth (Check only ona) Hospital: Other: 4 ☐ Nursing Home 5 ☐ Residance 6 ☐ Other (Specify) Medical Certification: To 1 Yas 2 No 1 Inpatiant 2 ER/Outpatient 3 DOA Mis 28a. Data of Injury (Month, Day Yaar) 27. Mannar of Death 28b. Time of 28d. Dascribe how Injury occurred 28c. Injury at Work? Affair 5 Panding invastigation Attending 1 Natural 1 ☐ Yas 2 ☐ No After death. 2 Accidant 6 Could not be daterminad 3 Suicida 281. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) B 4 Homicida b 15d Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated.
2 Medical Examiner: On tha basis of examination and/or invastigation, in my opinion, death occurred at tha tima, data and place, and dua to the ceuse(s) and mannar statad. 29a. Cartifiar (Check only one) 29b. Signetura and title of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) 2319 RD2123 30. Name end eddrass of person who completed causa of daeth (ttem 23a) (Type, Print) Sinnarajah Raguraj M.D. 9000 Franklin Square Drive Baltimore, Maryland 31. Date filed (Month, Day, Year) 32. Ragistrar's Signature

Via Davidson

DHMH 16 Rev 6/95

State

Registrar

JUN 2 4 1997

State of Maryland / Department of Health and Mental Hygiene 97 | 9 | 72

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9 6	icat	2 ☐ Accident invest 3 ☐ Suicide 6 ☐ Could	I not be	and taken and the same			1□Yes 2□		OR Landing /	Man and a saud & 6 com	h	(Davida Mumba)
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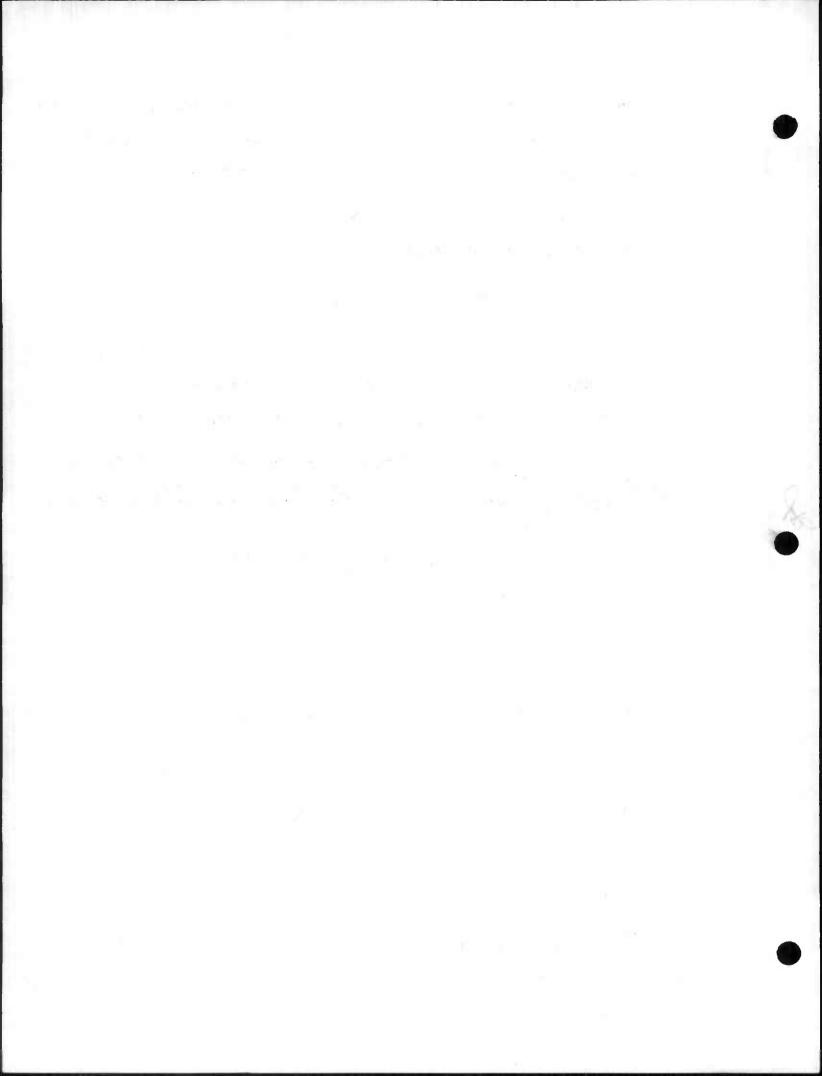
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State of Maryland / Department of Health and Mental Hygiene 0 7

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	pu ,		Usuel Residence of Decedent		140-0								
	a-f show	ctor	10a. State 10b. County MARYLAND N/A		10c. C	ity, Town or Lo BAL!	rimore				1	10d. Inside City Limit:	
	th with th	ai Director	10e. Sireel end Number 2500 W. BELVEDER	E AVE.,	APT.	M -1 3	10f. Zlp Code 212			10g. Citizen of Whal Country? USA			
020	be filed within 72 hours efter death with the Maryland nial Hygiena. Id other than "natural", or items 23a or 28a-f show event, the Medical Examinat must be nothed at	by Funeral	11. Marital Status 1 Never Married 2 Married Widowed 4 Divorced	12. Was Dece Armed Fo 1 Yes If Yes, Giv Year or De	rces? 30 No		Was Decedent of Yes, specify Cu	Hispanic Origin?	(Specify Yes or Norto Rican, etc.)		ck, White,	etc.	
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21215-0020	ed within rgiena.	Completed	Elementary/Secondary (0-12)	College (1	-4or 5+)	life. L	MERCHAN	,		F	ETAI:	L L	
Maryland	should be filed and Mantal Hygin marked other imatic event, to	To Be	17. Father's Name (First, Middle, Last) HARRIS	BEI			ELMAN	18. Mother's N		e, <i>Maiden Suman</i> LA MOSKOW			
	2 6 9 6		19a. Informant's Name/Relationship (7) MRS . HELEN HOFFM		CE)			et and Number or I				Code)	
Baltimore	of Health of Health I Item 27		20a. Method of Disposition				sition (Name of	(ace)	Date	20c. Location -	City or To	own, State	
Ĕ	Pages ment of I ant: If Ite		1 Buriel 2 Cremetion 3 Removel from State 4 Donation 5 Other (Specify) Cemetery, crematory or other place) SHAAREI ZION - 6/19/97 ROSEDA										
Ball	permit. Pages 1 e Depertment of Hea Important: If Item any Injury or othe stice.		21. Signal u obf-uneral Service Lioun	211	L _		Name and Add	ress of Facility LEVINSO sterstow	N & BROS	.,INC.	o M	n 21208	
	Physician /Medical Examiner		23e. Penf. Enter the disease, or comp shock, or heart failure. List only of Immediate Ceuse (Final disease or condition resulting in death)			th. Do not ent	er the mode of d	ylng, such as cardi	ac or respiratory	arrest,		Approximate Interval Between Onset end Death	
		je											
,	rtificate be executed ng physician and es the bunal-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	b	SCVP Due to (oras a conseq	juence of):				 		
68760,	icate be physicia s the bur	Aedical	Ceuse (Disease or injury that tritiated events resulting in death) Last	С.	Due to (or es e conseq	uence of):						
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P.O. B	that tha deat ed by the att detached fo		Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Osberpwoss. Dirabbah melli hy fenal feeler 1 yes 2 No 3 P										
Division of Vital Records,		Completed by	V					0	24a. Wa	s an autopsy formed?	av	ere autopsy findings allable prior to impletion of cause death?	
Ž	The ata h	Com							1□	Yes 2 No	1[Tyes 2□ No	
Vita	Physician: The this certificata ral director, pag	Be	25. Was case referred to medical exeminer?	I have the to					eath (Check only	one)			
o	£ # #	To	1 ☐ Yes 2 No 27. Manner of Death	Hospital: 1 □ li 28a. Date o		ER/Outpatien	1 3□ DOA 28c. In		7	sidence 6 Oth		y)	
sion	Attending Physical death.	cation:	1 Natural 5 Pending investigation	(Mont	n, Day Year)	Injury	W	ork? □ Yes 2 □ No	200. Describe	28d. Describe how injury occurred			
DIVI	5 E E	Certificatio	3 Sulcide 6 Could not be determined	28e. Placa buildin	ome, farm, stro fy)	treet, factory, offica 28f. Location (Street and Number or Rural Route Number, City or Town, State)							
	To the Hospital or within 24 hours after To the Funeral Director completely filled in	edical	29a. Certifier (Check only one) 1 Certifying Physical Exami	ce, and due to the cause(s) and manner as stated. curred at the time, date and place, and due to the cause(s									
	To the within 2 To the Complei	Me	29b. Signature and title of certifier David J.	Penn	wD			nse number 99 28		29d. Date signe	d (Month,	Day, Year)	

State Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent'e Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Month SYLVIA SHOKEN JUNE 19, 1997 10:20pm /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Death **Examiner** MILFORD MANOR NURSING HOME BALTIMORE BALTIMORE If Under 24 Hrs. 5. Social Security Number If Under 1 Year 8. Dete of Birth (Month, Dey, 7. Age (In yrs. last birthday) Birthplece (Stete or Foreign Country) **Funeral** 1□M 24F Months Deys 73 Yrs. 072-26-7894 Director POLAND Usuel Residence of Decedent the Maryland 10e. Stete 10h County 10c. City, Town or Location ahow 10d. Inside City Limits tem 27 is marked other than "natural", or items 23a or 28a-f ahov other traumstic event, the Medical Examinar must be notified at Director MARYLAND 1 ☐ Yes 2 ☐ No BALTIMORE BALTIMORE 10e. Street and Number 10f. Zip Code 10a. Citizen of Whet Country? 4204 OLD MILFORD MILL ROAD Funeral 21208 USA 12. Wes Decedent Ever in U,S. Armed Forces? 11. Maritel Stetus Was Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuben, Mexican, Puerto Rican, etc.) Reca - American Indien, Bleck, White, etc. 72 hours after 1 Never Merried 2 Merried 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: by Specify: ₩Widowed 4 Divorced WHITE Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry I Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) permit. Pages 1 end 2 should be filed with Department of Health and Mental Hygien Important: If them 27 is marked other that any injury or other trauments. GROCERY PROPRIETOR 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumame) Be SHMUEL 0 SZMULEWICZ RIFKA GOLDBART 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) MR. WILLIAM SHOKEN (SON) 6211 PARK HEIGHTS AVE. BALTIMORE, MD 21215 20e. Method of Disposition

1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from State 20b. Pieca of Disposition (Neme of cemetery, cremetory or other plece) Dete 20c. Location - City or Town, Stete BETH TFILOH 6-22-1997 BALTIMORE, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Servica Licansee 22. Name end Address of Fecility SOL LEVINSON & BROS., INC. Moon 8900 Reisterstown Road Pikesville, MD 21208 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory en shock, or heart teilure. List only one ceuse on each line. Interval Bety **Physician** /Medical Immediete Ceuse (Final disease or condition resulting in death) **Examiner** be executed buriel-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or es e consequença ot) Box 68760 physicien Physician/Medical the attending Records, P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? à 1 Yes 2 No 3 Probably 4 Unknown signed I þ 24b. Were autopsy tindings eveileble prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? peed page 2 certificate 1 🗆 Yes Division of Vital Be 25. Wes case referred to medical examiner? 26. Piece of Deeth (Check only one) Other: P 1 Yes 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA A Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) this 27. Menner of De 28e. Dete of Injury (Month, Dey Yeer) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred Medical Certification: After To the Hospital or Attending 1 Waturel
2 Accident 5 Pending Investigetion s after death.

I Director: Aft
d in by the fur 1 Yes 6 Could not be determined 3 Suicide 28e. Pleca of Injury - At home, tarm, street, fectory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide hours after Within 24 hours after To the Funeral Dir Cartifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner es steted.

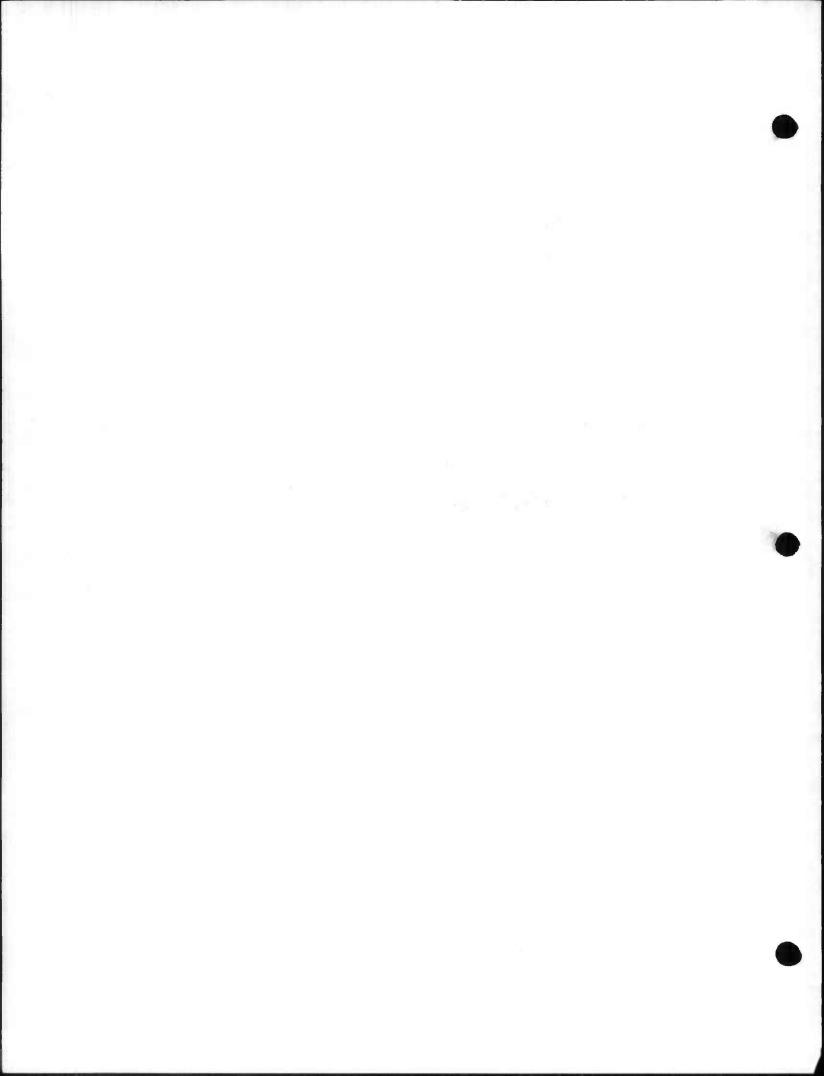
Medical Examiner: On the basis of exeminetion end/or investigetion, in my opinion, deeth occurred et the time, dete and plece, and due to the ceuse(s) end menner steted. 29e. Certifier 29b. Signature and title of certifier 29d. Dete signed (Month, Day, Year) 30. Neme end address of person who completed of ot deeth (Item 23e) (Type, Print) 0

DHMH 16 Rev 6/95

State Registrar 31. Dete tiled (Month, Dey, Year)
JUN 2 4 1997

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death

						Cer	tificat	te of	Death		Re	g. No.	1	191	15
П	Dhusia		Decedent's Neme (First, Middle, I	ast)						2. Date Mont	of Deeth		Yeer	3. Time o	t Deeth
	Physic /Medi	cal	MILLIS L.		1				L Ch. Tour	June	21	Dey 1997		5:03	AM
	Exami	ner	4e. Fecility Neme (If not institution, g		er)			4	b. City, Town,	or Location of	Deeth	4c. County	of Deeth		
_			10720 Marriotts				M I I - I	- 1 1/		lstown			ltimo		
o.	Funeral Director		5. Sociel Security Number 6. 220–18–7524 A Usuel Residence of Decedent	Sex 7. 1 □ M 2 ☑ F	Age (In yrs.	last birthday) Yrs.	Months	Deys	If Under 24 Hours	Min. 8. Dete (Mon. Aug	of Birth th, Day,	Year) 1921		iece (State try) 7 Land	or Foreign
	yland		10a. Stete 10b. County		10c. Ci	ty, Town or Lo	cation						1	0d. Inside C	ity Limits
	e Mar	ctor	Maryland Baltime	ore	Ra	ndalls	town							1 🗆 Yes	2 ☑ No
	# 22 F	Sire	10e. Street and Number				10f. Zip	p Code			10	g. Citizen of 1	Whet Coun	try?	
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50	72 hours after death with the Maryland "natural", or items 23a or 28a-f show solical Examiner must be notified at	/ Funeral Director	11. Maritel Stetus 1 ☐ Never Merried 2 ☑ Married	12. Was Decede Armed Force 1 Yes 2 It Yes, Give	s?				ispanic Orlgin n, Mexican, P Specify:	? (Specify Yes uerto Rican, et	or No- c.)	14. Rad Bled	ce - Americ ck, White,		
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	こるのと		George H. Schlee	(Husbar					sville			allsto			1133
Baltimore,	5 - = 0		20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3	☐Removel trom Sta		Place of Dispos cometery, crem	natory or o	me of other plac	e)	Dete	20	Oc. Location -	City or To	wn, Stete	
Ë	it. Pa intmen injury		4 ☐ Donetion 5 ☐ Other (Spec	ify)	Lak	e View	Memo	rial	Park	6-24-	97	Sykesv	7111e.	MD	
Sal	permit. Page Department of important: If any injury or once.		21. Signature of Funerel Service Lice	ensee	1	22.	Name er	nd Addres	s of Fecility						
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П	/Medical Examiner		Immediete Ceuse (Final diseese or condition	CAO	1018	i x	RRE	52						1/2 11	N
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90,	be execut ician and burial-tran	i Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated executions)												
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	를 모음	Physician/Medical		l d									j		
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ō	Physical Phy	5. To	1 Yes 25 Ho 27. Menner of Deeth	28e. Dete of in		ER/Outpetient 28b. Time of		JA	4 Nursir	ng Home 5 ☐		ce 6 LIOth		')	-
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	o the o the omple	Me	29b. Signature and pile of certifier	29c. License number				d. Date signe	d (Month. I	Day, Year)	-				
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			30. Name and address of person who	0100		n 23e) (Type, F	Print)	54	000	000	Ca	unt	15.	7	
	Sta Registr		31. Dete tiled (Month, Day, Yeer)		Strar's Signe	- Randell	2								



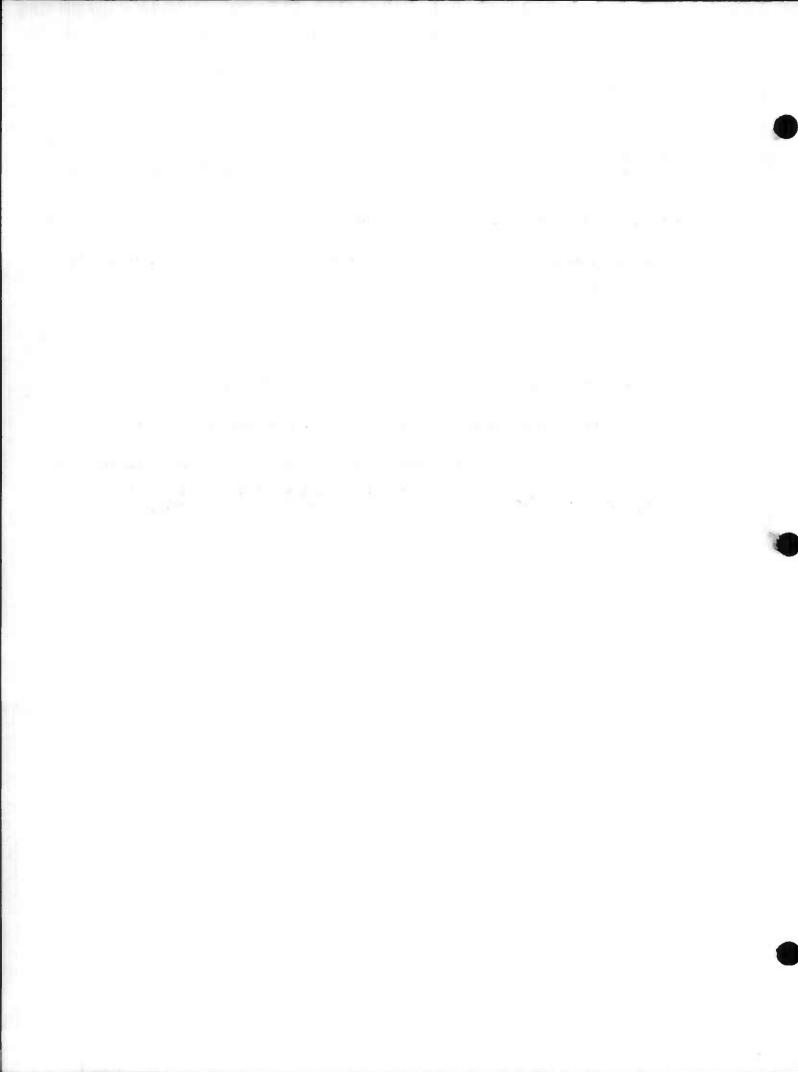
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** STUMPE ELEANOR MAE 3-07 AM JUNE 23 1997 /Medical 4e. Facility Name (If not institution, giva street end number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner HOSPITAL ANNE GLENBURNIE ARUNDEL ARUNDEL If Under 1 Year If Under 24 Hrs. 8. Date of Birth
Months Days Hours Min. Month Day. Year
May 19, 1924 5. Social Security Number 7. Age (In yrs. lest birthday) 9. Birthplace (Stata or Foreign **Funeral** 1 □ M 2 □ F West Virginia 219-10-3454 73 Yrs. Director Usuai Residence of Decedant filed within 72 hours after death with the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits "naturel", or items 23s or 28s-f sho 1 ☐ Yes 2 ☐ No Director Maryland Anne Arundel Glen Burnie 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 289 Thelma Ave. Funeral 21061 United States 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 2 No if Yas, Give Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Never Merried 2 TMarried Specify: White Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: by 3 ☐ Widowed 4 ☐ Divorced Completed traumatic event, the Medical 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry 15. Decedent's Education (Specify only highest grada complated) Anne Arundel County Hygiena. Elemantary/Secondary (0-12) College (1-4or 5+) Food Service Manager Public Schools 8 17. Fether's Neme (First, Middla, Last) 18. Mother's Name (First, Middla, Maidan Sumama) Be Pages 1 and 2 should be 1 nent of Health and Mental I James Bernard Harris Hattie Grace Gibson 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Streat and Number or Rural Routa Number, City or Town, State, Zip Coda) or other train John E. Stumpf Jr./Husband 289 Thelma Ave. Glen Burnie, MD 21061 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, State Buriai 2 Cremation 3 Removal from State Department of important: If any Injury or 4 ☐ Donation 5 ☐ Other (Specify) Glen Haven Mem. Pk. June 25, 1997 Glen Burnie, MD 21. Signature of Funeral Service Licansee 22. Name and Address of Facility Kirkley-Ruddick Funeral Home 421 Crain Hwy. S.E. Glen Burnie, MD 21061

Approximate the disease or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest,

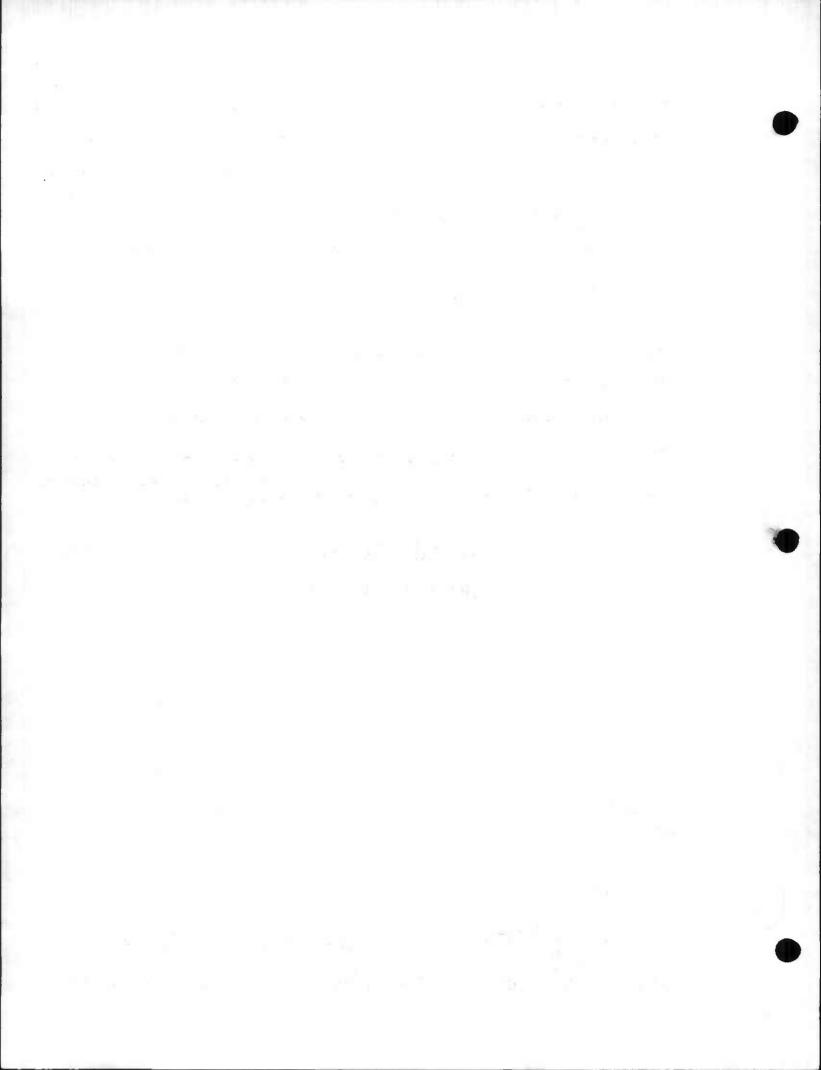
Approximately and the deeth of the disease of the di Approximata Intarvai Between Onset end Death Physician LUNG CANCER /Medical Immediata Ceuse (Final METASTATIC YEAR disease or condition resulting in death) **Examiner** Examiner bunal-transit The law requires that the death certificate be axecuted Sequentially list conditions, if any, leading to Immediate causa. Enter Underlying Causa (Disaase or injury that Initiated events resulting in death) Last and Due to (or es e consequence of): physician the burial P.O. Box 68760, Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? ate has been signed by page 2 should be detac 1 Yas 2 No 3 Probably 4 Unknown Records, þ 24b. Were autopsy findings available prior to completion of ceuse of death? Completed 24a. Was an autopsy performed? 1 ☐ Yes 2 Z No 1 ☐ Yes 2 No sion of Vital nding Physician: director. Be 25. Was case referred to medical 26. Piace of Death (Check only ona) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No Medical Certification: To this 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Affer 1 Natural 5 Pending Invastigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Sulcide 28f. Location (Straat and Number or Rurel Route Number, City or Town, Stata) 28e. Place of Injury - At home, farm, street, fectory, offica building, atc. (Specify) 4 Homicide 12 Cartifying Physician: To the best of my knowledga, daath occurred at tha time, date and piace, and due to tha causa(s) and manner as stated.
2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, daath occurred at the time, data and placa, and dua to tha causa(s) and manner stated. 29a. Certifier o the 29b. Signatura and titla of certifier 29d. Date signed (Month, Day, Yaar) 29c. License number Elin m JUNE 23, 1997 D46962 30. Nama and address of person who completed causa of daath (Itam 23a) (Type, Print) HOSPITAL. MD 21061 MISHIRAZI, MID. NORTH ARUNDEL 31. Date filed (Month, Day, Year) 1997 State Registrar

DHMH 16 Rav 6/95



State of Maryland / Department of Health and Mental Hygiene 97 19177

					Certif	ficate of	Death		R	eg. No.	· F			
		1. Decedent's Neme (First, Middle, La	ist)						2. Deta of Deel		V	3. Time of Death		
Phys /Mo	ician dicai	Kermit R. Schrad	er						Month June	Dey 21	Yeer 1997	7:20 A.M.		
Exan		4e. Fecility Neme (If not institution, gir	re street and number	r)			4b. City, Tow	vn, or Loc	cation of Death	4c. County		7,120 11111		
		106 West Hilltop R	nad				Baltimo	nre		Anne	Arund	el		
Funer	ol I	5. Social Security Number 6. S		age (In yrs. lest bir	thday) If	f Under 1 Year			8. Dete of Birth					
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		Usuel Residence of Decedent		70					February	12,1919	West Virginia			
dand w		10a. Stete 10b. County		10c. City, Tow	n or Location	on					1	0d. Inside City Limits		
Man	Ö	Maryland Anne Aru	ndel	Baltir	nore							1 ☐ Yes 2 🛣 No		
the the	Director	10e. Street and Number			1	10f. Zip Code			1	0g. Citizen of \	What Cour	ntov?		
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1 and 2 Health em 27 i		Ree M. Schrader	/ Wife		507 Fa:	irfax Av	e, Balti	imore	, Marylan	d 21225				
permit. Pages 1 and Department of Healt Important: If Item 2:		20e. Method of Disposition		20b. Piece of	Dispositio	on (Neme of	aca)		Dete	20c. Location -	City or To	wn, Stete		
Page ent H: If		1 ☐ Buriai 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Special		a		emetery	300)	6	/24/97	Baltimor	o. Mar	vland		
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The in	Сотріете								1 □ Ye	s el No	10	Yes 2□ No		
ician: The lav certificate has rector, page 2	BeC	25. Wes cese referred to medical					26. Place	of Death	(Check only on					
Physician: this certific ral director,	ToB	exeminer?	Hospitel:	lent 2 ER/Ou	Itnation 5	BDOA O	hor:		ne 5 Preside		er (Specia	v)		
		27. Menner of Deeth	28e. Date of Inj	ury 28b. 7	Time of	28c. Inju			8d. Describe ho		-	7		
ding h. After funer	tion	Netural 5 Pending investigatio	(Month, D		njury		ork?]Yes 2.∐N							
o Attending after death. Diector: After	Certification:	3 Suicide 6 Could not b	e 00 - Di(1-	nium. At home to					Of Location (St	reat and Alumb	or or Burn	I Route Number,		
HIP OF	E	4 Homicide determined	building, e	njury - At home, fa etc. <i>(Specify)</i>	imi, straet,	ractory, office		-	City or Town	, Stete)	er or nura	r ridule rvuniber,		
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0100	×	29b. Signeture end title of certifier	1				se number	G		9d. Deta signe	d (Month, I	Dey, Year)		
1		I Way	1)			04	:095	7		6/2	3/99			
LX		30. Neme and eddress of person why	completed cause of	deeth (Item 23e) ((Type, Prin	it)				, ,	/			
D		JACK J. HO		.300/	5	Han	ovu s	+	Balj	1 Mil)	1225		
	tate	31. Dete filed (Month, Day, Yeer)	32 Redist	rer's Signature	-	1 1-011				119				
Regis		JUN 24 1997	Julia.	Davidson-R	anda 00									
J		1001 T N 1100		10001		ă-								



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death **Physician** Month William SEBREE SR. June 19, 1997 2:37 A.M. /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Franklin Square Hospital Center Baltimore 7. Age (In yrs. lest birthdey)
86 Yrs. | If Under 1 Year | If Under 24 Hrs. | Months | Days | Hours | Min. | April 6, 1911 5. Sociel Security Number 6. Sex XX M 2□ F Birthplece (State or Foreign Country) **Funeral** 212-03-3145 Director Maryland Usuel Residence of Decedent death with the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at Baltimore 1 Yes 2XXNo Maryland Director Baltimore County 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 9 4518 Raspe Avenue 21206 USA items 23a 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give 11. Marital Status Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. filed within 72 hours after 1 Never Married 2 Married 21215-0020 6 1 ☐ Yes 2 X No Specify: by Specify: 3 ₩ Widowed 4 Divorced White "natural", Be Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry al Hygiena. Elementery/Secondary (0-12) College (1-4or 5+) 6th grade N/A Aircraft Assembler Martin Marietta Baltimore, Maryland permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is merked othe any lojury or other traumatic event 200:8. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) George Washington Sebree Mary Anne Ferguson 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Deborah L. Hupfeld C-4 Seagull Lane Millsboro, De. 19966 20e. Method of Disposition

1 ☐ Burlal 2 ☐ Cremetion 3 ☐ Removal from State 20b. Plece of Disposition (Neme of 20c. Location - City or Town, Stete Gardens of Faith Cemetery 6-23-97 Baltimore, Md. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Service Licensee Lassann Funeral Home 7401 Belair Rd. Baltimore, Md. 21236 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Interval Betwe Onset end Death **Physician** /Medical Immediete Ceuse (Finel Acute Pulmonary Edema 30 Minutes diseese or condition resulting in death) Examiner Due to (or es e consequence of) Myocardial Infarction 1 Hour anding Physician: The law requires that the death certificata be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting In deeth) Lest Due to (or es e consequence of): and P.O. Box 68760, ed by the attanding physician detached for use as the buna High Blood Pressure 20 Years Physician/Medical Due to (or es e consequence of) Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? n signed by the 1 Yes 2 No 3 Probably 4 Unknown Hyperthyroidism Division of Vital Records, Completed by 24b. Were eutopsy findings eveilable prior to 24e. Wes en eutopsy performed? completion of cause of deeth? 2X No certificate 1 ☐ Yes 2 ☐ No Be 25. Was case referred to medical 26. Plece of Deeth (Check only one) Hospital: 1 ☐ Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 2X ER/Outpetient 3 DOA After this the funeral 27. Menger of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: 5 Pending Investigation Neturel 1 ☐ Yes 2 ☐ No 2 Accident 6 ☐ Could not be determined 3 Suicide 28e. Placa of Injury - At home, ferm, street, factory, office building, etc. (Specify) Location (Street end Number or Rural Route Number, City or Town, State) 6 4 Homicide

ö To the Hospital
Vithing thours
To the Funeran
Completely filled

> State Registrar

Medical

31. Dete filed (Month, Dey, Year) JUN 24 1997

William andrew Keme, MP

30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

29b. Signeture end title of certifier

29a. Certifier

onel



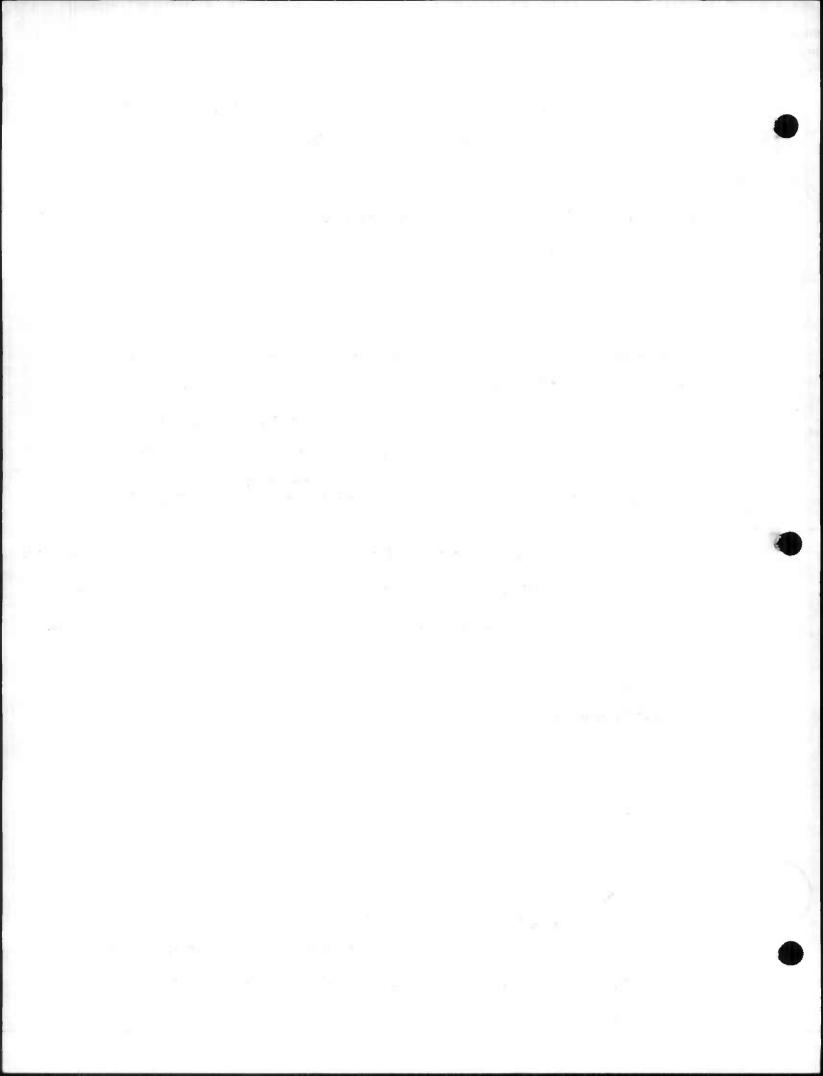
1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner es steted.
2 Medical Examiner: On the basis of exeminetion end/or investigetion, in my opinion, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner steted.

29c. License number

D23704

29d. Dete signed (Month, Dey, Year)

June 19, 1997



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month Year Falith Lapides June 9, 11:45 P.M. 1997 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Daath Holy Cross Hospital Montgomery Silver Spring 5. Social Security Number If Undar 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) Birthplaca (Stata or Foreign Country) 1□M 2⊠F Months Days Hours Yrs. 73 092-12-1454A July 4, 1923 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Silver Spring 1X Yes 2 □ No Maryland Montgomery 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 20902 11750 Lovejoy Street U.S.A. 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No if Yes, Give Year or Dates: Was Dacedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: White 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 Years Executive Secretary/Bookkeeper Private 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Surname) Louis Lapides Rose Mokransky 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Joseph Sagal, Husband 11750 Lovejoy Street, Silver Spring, MD 20a. Method of Disposition 20b. Place of Disposition (Nama of cematery, cramatory or other place) Date 20c. Location - City or Town, State 6/12/1997 *Burial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Falls Church, Virginia King David Memorial Garden 21. Signature of Funeral Servica Licansee STEIN HEBREW FIEMORIAL FUNERAL HOME, INC. 232 CARROLL STREET, NW, WASHINGTON, DC 20012 23a. Part1. Enter the disease, or complications that caused death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or haart failure. List only one cause on each line Onsat and Death immediate Causa (Finai 10 minute myorandeal disease or condition resulting in death) Due to (or as a consaquence of): Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? completion of cause of death?

Physiclan /Medical Examiner

physician s the burial

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Completed

Be

Certification: To

Medical

The law requires that the death certificate be executed

Box 68760,

P.O. 1

Records,

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Mision

5 permit. Page Department of Important: If any injury or once.

Physician

/Medical

Examiner

Funeral

Director

28a-f show

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or items 23a

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filed within 7 Hygiene.

iges 1 and 2 should be filed vit of Health and Mental Hygie if item 27 is merked other 1

72 hours after

Baltimore, Maryland 21215-0020

the Macical Examiner must be notified at

Director

Funeral

2

Completed

Be

Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or injury that initiated evants resulting in death) Last

Part ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. diabetes mellitus gosto intestinal Genonhage chrime 25. Was case referred to medical examiner? 26. Piace of Death (Check only one) Hospitai: 1 Hinpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 Na

1 ☐ Yes 2 ☐ No

1 Yes 2 No

27. Manner of Death 1 Naturai 2 Accident

3 ☐ Suicida

4 | Homicide

5 Panding investigation 6 Could not be datarmined 28a. Date of Injury (Month, Day Year)

28b. Tima of

28e. Place of injury - At home, farm, street, factory, office building, etc. (Specify)

28c. Injury at Work? 1 ☐ Yes 2 ☐ No

28d. Describe how injury occurred

Location (Street and Number or Rural Route Number, City or Town, State)

29a. Cartifian (Check only one) 1 Cartifying Physician: To the best of my knowledga, daath occurred at the tima, data and place, and dua to tha cause(s) and mannar as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and mannar stated.

29b. Signature and title of certifie

JUN 24 1997

D 20 400

29c. Licensa number

29d. Data signed (Month, Day, Year) 1019

30. Name and address of person who complated cause of death (item 23a) (Type, Print)

Mark S. Rosen, M.D., 3941 Ferrara Drive, Wheaton, Maryland 20906 31. Date filed (Month, Day, Year)

Registrar

0

32. Régistrar's Signature

within 2 943

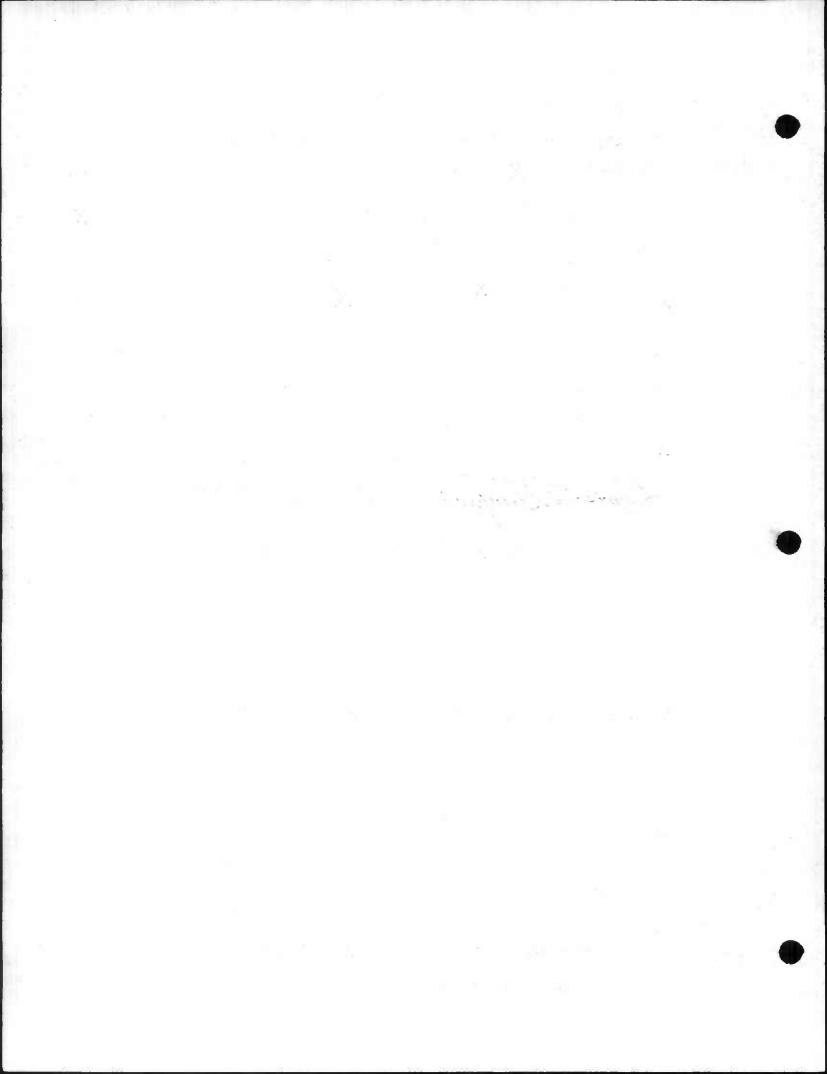
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State of Maryland / Department of Health and Mental Hygie

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No.						

						Ce	rtificate o	f Death		Reg. No.					
	Dhomis	lau.	1. Decedent's Neme (First, Middl	e, Last)	U				2. Date of Month		Year	3. Time of Deeth			
	Physic /Med		VIOLA B.	TYLER					JUN.	22,1997	real	5:40 P.			
	Exami		4e. Facility Neme (If not institution	, give street end n	umber)			4b. City, Town	, or Location of De		y of Deeth				
				DICAL C				BALT		N/	-				
l	Funeral Director		5. Social Security Number 214 22 7745	6. Sex	7. Age (In y 79	rs. last birthdey Yrs.	Months Dey		Min. 8. Date of (Month, JAN.	Birth Dey, Year) 1,1918	9. Birthp Cour MAR	olece (State or Foreign http:/ YLAND			
	pue *		Usuel Rasidence of Decedent 10a. Stete 10b. County		10c.	City, Town or L	ocation				1	I Od. Inside City Limits			
	he Maryl	ector	MD. N/A				IMORE					1) Yas 2□No			
	th with the 23s or 2	Funeral Director	10e. Street and Number 3738 OVERVI	EW ROAD			10f. Zip Code 2121			U.S. O		itry?			
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2-0	"natural",	eted	15. Deceden (Specify only higher	's Education	n	16a. Dece	edant's Usual Occ	upation	f working	16b. Kind of E	Business/Inc	dustry			
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	other tr		MR. CLARENCE 20a. Method of Disposition		201	b. Place of Disp	osition (Neme of		AD DAL	TO., MD.		own, Steta BALT(
altimore,	Pages nent of int: If Its iry or o		1 Burial 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (S		n Stete A		, MEM.	,	/27/97	BALTIM					
Balt	permit. Page Depertment of Important: If any Injury or once,		21. Signeture of Poweral Service	Licensee L.F.W	IS T.	GWYNR		5 I. GI				21215-639			
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ń	icate be executed physicien end s the buriel-transit	Examiner	Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disaase or Injury	D	b. — Due to (or es e consequence of):										
x 68760,	5 0 6	Medical	Cause (Disaase or Injury thet initieted events resulting in death) Last	с	C Due to (or as e consequence of):										
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Records,	been s	Completed by							24e. W	les en eutopsy erformed?	av	ere eutopsy findings alleble prior to impletion of cause deeth?			
Re	0 - 0	dwc								□Yes 2□Ho		Yes 2006			
Vital	certificate	Be C	25. Wes case referred to medical					26 Place of	Daath (Check on			1 162 ZIDNO			
>	Physician: this certific ral director,	To B	exeminer? 1 ☐ Yes 2 ☐ No	Hospitel:	Inpatient 2	R/Outpetie	nt 3 DOA	Whar		esidence 6 ⊡Ot	her (Specif	iv)			
on of	ng Ph fter thi		27. Manner of Deeth 1 Neturel 5 Pendin 2 Accident investig	28e. Dete (Mod		28b. Time o	of 28c. inj		28d. Descril	be how injury occu					
5	3 5 5 5	Certification:	3 ☐ Suicide 6 ☐ Could r 4 ☐ Homicide determ	ned 289, Piec	e of Injury - A ding, etc. (Spe	9		n (Street end Num Town, Stete)	ber or Rura	il Route Number,					
	To the Hospital or within 24 hours effe To the Funeral Dir completely filled in	29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledga, death 2 Medical Examinar: On the basis of exemination end/or invested.						time, deta end p	pleca, end dua to t occurred at the time	ha causa(s) and m ne, data and place	nannar as s , end due to	lated.) the ceuse(s)			
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¥	5		30. Name and addrass of person	who complated cau		tem 23e) (Type	, Print)	LINIOT	nal air	ID PA		MD. 21232			
			31. Dete filed (Month, Day, Yeer)	32 1	Registrer's Sig	oneture	ולדווטע	11/06/	U'U DEV	V. 19#1	-10.1	10. 21.30			
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Exami		07.1.1	e street end number	-0	STITZM			4b. City, Tow		cation of Death	4c. Count		
Funeral Director		5. Social Security Number 6. S 220-36-3320 Usual Residence of Decedent	ex 7. IXM 2□ F	Age (In yrs. 57	iest birthday) Yrs.	if Under Months	1 Year Deys	if Under 2 Hours	Min.	8. Date of Birt (Month, De) May 28	, Year) 1940	9. Birthpi Count Mary	ace (Stete or Forei try) Land
he Maryland 8a-f ehow	Director	10e. State 10b. County Maryland Baltimo	re	10c. City	y, Town or Lo							10	0d. Inside City Limit
3 or 2		10e. Street end Number 3002 Glendale Ave	nue			10f. Zip	Code	2123	<i>l</i> .		10g. Citizen of		•
within 72 hours aftar death with the Maryland ene. than "natural", or items 23a or 28a-f show tra Madical Examiner must be inclined at	by Funerai	11. Maritel Status 1 Never Married 2 Married 3 Widowed 4 X Divorced	12. Was Deceder Armed Force 1 Yes 2 If Yes, Give Yeer or Date:	s? XNo						cify Yes or No- Ricen, etc.)		State ce - America ck, White, e y: Whit	an Indian, etc.
vithin 72 hours ne. han *natural',	Completed	15. Decedent's Ed (Specify only highest gre Elementary/Secondery (0-12)	ucetion de completed) College (1-40	or 5+)	life. D	kind of wor OO NOT us	k done e retired	during most	of workin	ng	16b. Kind of B	usiness/Ind	ustry
be filed ntal Hygi d other event, t	To Be Co	12 years 17. Father's Neme <i>(First, Middle, Last)</i> Walter Trocki	-		Comme	rcial	Ar	18. Mother		(First, Middle,	Horizo Melden Sumen		door
d 2 shi th and th and treum		19a. Informant's Name/Relationship (7) Miriam Schlutter	Type, Print) (Daught		733 S.	. Atw	ood	end Number	or Aurai	Route Numbe		014	
permit. Pages 1 ar Department of Haal Important: if Itam 2 any injury or other once.		20a. Method of Disposition 1 Buriai 2 Storemetion 3 4 Donation 5 Other (Specify 21. Signature of Funeral Service Licen)	(e)	lace of Disposemetery, crem	remat	ion		6-	Dete -23-97	20c. Location · Hampste		wn, State aryland
Physician /Medical Examiner	7	23a. Part 1. Enter the disease, or companies of the compa			87:	28 Li or the <i>m</i> ode	ber	ty Rd.	Ra	ndalls	tors, I town, M est,	D 2	Approximate Interval Between Onset end Deeth
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law requira nas been sig e 2 should t	Completed	ADRTIC	Occivs	ren						24a. Was a perform		avai	re eutopsy findings ilable prior to opietion of ceuse eath?
The The		25. Was cese referred to medical								1	es 2 No	10	Yes 2 No
and A	To Be	examiner?	Hospital: 1 Inpat	tiont 2 🗆 E	ER/Outpetient	2□ DO	Othe			(Check only or	ence 6 □Oth		
and and and and and and and and and and	Certification: T	27. Manner of Death 1 Natural 5 Pending 2 Accident investigation	28a. Dete of In (Month, D		28b. Time of Injury		c. Injury Work		21		ow injury occur		
To the Hospital or Atter within 24 hours aftar dea To the Funerel Director completaly filled in by the		3 Suicide 6 Could not be determined		etc. (Specify))					City or Town	n, Stete)		Route Number,
To the Hospital or within 24 hours aft To the Funerel Dir completaly filled in	Medicai	29a. Certifier (Check only one) 1 ★ Certifying Phy 2 ★ Medical Examination one)	ner: On the basis end manner s	or exeminetic	/ledge, death of on and/or inve	stigation, i	n my op	e, date and pinion, deeth number	place, ar occurred	d et the time, d	ause(s) and me ate and place, 9d. Dete signe	and due to t	the ceuse(s)
- 2 - 0		30, Name and Address of person who	251321	deeth (Item	23a) (Type P	rim ()				134	06 0	22 ,	1997
Sta	te	31. Date filed (Month, Day, Xear)	AUM 1	trar's Signatu	UNIV	31- M	0	22 -	S. C	REENE	ST, 3.	ALTI.	Mo. 212

State Registrar July 111 E

111 Penn Street, Baltimore, Maryland 21201

30. Name and eddress of person was completed cause of death (Item 23e) (Type, Print)

ennisu

31. Dete filed (Month, Dey, Year)

JUN 24 1997

7.

State of Maryland / Department of Health and Mental Hygiene 0.7

		ITEM#19b FOM#G748 PER F		J.A.	Cer	tificate of	Death		Reg. No.	1	2103
Physici /Medic		Decedant's Nema (First, Middle, Last, John	Tier	ney				2. Date of D Month June	Day	Yaar . 997	3. Tima of Deat
Examin		4e. Fecility Nema (If not Institution, giva Stella Maris Ho					4b. City, Town, or		th 4c. County	of Death	
Funeral Director		5. Social Sacurity Number 6. Sa 402-62-9387	-		st birthday) Yrs.	If Undar 1 Yeer Months Days		8. Date of B	irth ay, Year)		e ace (State or Fore ry) Virgini
r 28a-f ahow	tor	Usual Rasidance of Decedant 10e. Stete 10b. County Maryland Baltimor	re		Town or Loc					10	ld. fnside City Lim
death with the Maryland ms 23s or 28s-f show r mast be notified at	al Director	10e. Street and Number 2300 Dulaney	Vallev Ro	ad		10f. Zip Coda 2120	4		10g. Citizan of V		ry?
urs efter deat alt, or items 2 examiner mu	by Funeral		12. Wss Decedent E Armed Forces? 1 ☐ Yas 2 ☒ No If Yas, Give Year or Datas:	var in U,S			Hispanic Orlgin? (Spen, Mexican, Puer	Specify Yes or N to Ricen, atc.)		ce - Amarice ck, Whita, a	
within 72 hours efter ene. then "natural", or he the Medical Exertine	Completed	15. Decedant's Education (Specify only highast grade Elamantary/Secondary (0-12)	cetion a com <i>plated)</i> Collage (1-4or 5-	+)	18a. Deceda (Giva k lifa. D		pation during most of wo	rking	16b. Kind of B		
12 should be filed within h and Mental Hygiene. I a marked other than " traumatic avent, the Men	To Be Co	17. Father's Nama (First, Middla, Last) Patrick	Tierney		1		18. Mothar's Na Nora	ma <i>(First, Middle</i> Murph	e, <i>Maid</i> an Suman		
nd 2 shou lith and M 27 is mark r traumati	_	19a. informant's Name/Raiatlonship (Ty Mrs Suzanne Hill					tand Number or R			,	Coda)
permit. Peges 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If item 27 Ia marked other than any Injury or other traumatic avent, the Maone.		20a. Mathod of Disposition 1 Burlai 2 Cremetion 3 F 4 Donation 5 Other (Specify)		cer	nce of Dispos metery, crem	itlon (Nama of atory or othar pie		Data	20c. Location	City or Tov	wn, Stata
permit. Departn Importa any Inju		21. Signature of Funeral Sarvice License Wallace S	Brook	, 1r	R		ass of Facility Son Funer Road, T		•	1 2120	4
Physician /Medical Examiner	Examiner	Immediata Causa (Final disaasa or condition rasulting in deeth)	D	Oua to (or	es a consequ	6	ent				Onsat and Death
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law requires that has been signed b a 2 should be dete	Completed t							24e. We perf	s sn sutopsy formed?	con	ra autopsy finding ilable prior to aplation of cause eath?
iclan: The law certificate has rector, page 2:		25. Was cesa rafarred to madicel					OR Place of De	1 □ ath (Check only	Yas 2 No	10	Yas 20 No
ing Phys After this funeral di	ation: To Be	axaminar?	lospital: 1 ☐ Inpatien 28a. Data of injury (Month, Day		R/Outpatient 28b. Time of Injury	28c. Inju	her: 4🖾 Nursing I	loma 5□Ras	idance 6 Oth	_)
To the Hospital or Attandi within 24 hours after death. To the Funeral Director: A completely filled in by the fo	Certification:	3 Suicide 6 Could not be datamined	28e. Place of Injur building, etc.	y - At hom (Specify)	ne, farm, stre	at, factory, office		28f. Location City or To	(Street and Numb own, State)	per or Rural	Routa Number,
e Hosp 124 hou Funer letely fil	edical	29a. Certifier (Check only one) 1 Certifying Physical Check only one) 1 Medical Examination (Check only one)	elcien: To the best of ner: On the basis of e and menner stet	examinatio	edga, daath on and/or inva	occurred at the ti astigation, in my	ime, date end piace opini <i>on</i> , daath occi	a, end due to the urrad at tha tima	cause(s) and ma , data and place,	anner as sta and dua to	ited. tha causa(s)
To the To the comp		29b. Signature and title of contiliar	40			29c. Lican	se number 1 5 5 0 4		29d. Deta signe		ay, Year)
						D	1 2 2 0 4				

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Dete of Death 3. Time of Death Month FLLA 1 HORNTON 1:416 pm JUDE 4a. Facility Nema (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Northwest Hospital Randallstown Baltimore 7. Aga (In yrs. last birthday) | If Undar 1 Yaer | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) 5. Social Security Number Birthplace (State or Foreign Country) 1□M 20 F Yrs. 215-22-1731 98 Mar. 13, 1899 New York Usual Rasidance of Dacedant 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Carroll Svkesville 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 7200 Third St. 21784 USA 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yas, Giva X Yaar or Datas: 13. Was Decedant of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 11. Marital Status 1 □ Never Merried 2 □ Married 1 ☐ Yas 2 ☐ No Specify: 3 N Widowed 4 □ Divorced Specify: White 15. Dacedant's Education (Specify only highast grada complated) 16e. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) 12 Library Assistant Public Library 17. Fether's Nema (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surname) Harry Strasbaugh E11a Clark 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Coda) Jane T. Apostol/ Daughter 400 Ninita Parkway, Pasadena, CA 91106 20b. Place of Disposition (Nama of cematary, cramatory or other place) Data 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramovel from Stata 4 ☐ Donation 5 ☐ Other (Spacify) Green Mount Crematory 6-19-Baltimore, MD 21. Signature of Funaral Sarvice Licensee 22. Neme end Address of Fecility Henry W. Jenkins & Sons 4905 York Rd., Baltimore, MD with disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, failure. List only one cause on each line. 21212 Approximata fntarval Batwaan Onset end Death Immediata Causa (Finel a Acute Exacerbation of Chronic obstructive 4days diseasa or condition rasulting in daath) Sequentially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaese or injury that initiated avents resulting in death) Last Dua to (or as a consaquance of): Due to (or es e consequance of): 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed?

Physician /Medical Examiner

Physician

/Medical

Examiner

10a State

MD

Funeral

Director

28a-f show

the

Director

Funeral

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Completed

Be

item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at

permit. Pages 1 end 2 should be filed within 72 hours after to Department of Health end Mental Hygiene. Important: If item 27 is marked other than "natural", or item any injury or other traumatic event, the Medical Eventural BODGs.

Baltimore, Maryland 21215-0020

Examiner physician end the buriel-transit 6 bengis d be det 5

P.O. Box 68760. ecords Division of

Director or A To the Hospital of within 24 hours at To the Funeral D

State

Physician/Medical Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. þ Completed 1 ☐ Yes 2 ☐ No 25. Was casa rafarrad to medical Be 26. Placa of Daath (Check only ona) Othar: 4 ☐ Nursing Homa 5 ☐ Rasidance 6 ☐ Othar (Specify) Certification: To 1 Yas 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 █ DOA 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Naturai 5 Pending 1 ☐ Yas 2 ☐ No investigation 2 Accidant 6 Could not be datarmined 3 Sulcida 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 Homicida 29a. Cartifier 1🛍 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as statad. Medical (Check only one) 2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end manner stated. 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year)

30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print) Richmond P. Allan

C. Un MO

1645 Liberty Rel Eldersburg, mal

034406

31. Data filed (Month, Day, Year) JUN 2 4 1997 Registrar

32 Registrar's Signatura

State of Maryland / Department of Health and Mental Hygiene

			State of Maryla		tificate of			eg. No.	7	9185
Physic /Medi		Decedent's Neme (First, Middle, Last) MILDRED		WALDER			2. Dete of Dee Month JUNE 2	-	Yeer	3. Time of Deeth 9:10 PM
Exami Funeral Director	iner	4e. Fecility Neme (If not institution, give: PIKEVILLE NURSING 5. Social Security Number 6. September 15	G HOME	rs. lest birthday) Yrs.	If Under 1 Yeer Months Deys	4b. City, Town, or L BALTIM If Under 24 Hrs. Hours Min.			TIMORE	E e (Stete or Forsign MD
g		Usuel Residence of Decedent 10a. Stete 10b. County	10c.	City, Town or Loc	cation				10d.	Inside City Limits
th the Mar or 26e-1 st e notified	irector	MD BALTIMO	ORE	BALTIN	10RE		1	0g. Citizen of W	hat Country	1 □ Yes 2 💢 🂢 o
4 I.Z.I.S.COCCO I within 72 hours efter death with the Maryland jiene. I than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at	by Funeral Director	6415 ELRAY DRI 11. Marital Status 1 □ Never Married 2 □ Married 3 ☑ Widowed 4 □ Divorced	VE, APT. C 12. Wes Decedent Ever in Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Detes:	If	212 Ves Decedent of Nes, specify Cub	Hispenic Origin? (Sp en, Mexican, Puerto	pecify Yes or No- Rican, etc.)		- American k, White, etc.	
THE R. LEWIS CO., LANSING, MICH.	Completed by	15. Decedent's Edu (Specify only highest grade Elementery/Secondery (0-12)	cation	(Give life. D	ent's Usuel Occup kind of work done O NOT use retire	during most of work d)			WN_HOM	
d 2 should be flied ith end Mentel Hygie	To Be	17. Fether's Neme (First, Middle, Last) SAMUEL SWERE	N			18. Mother's Nem			ITSKY	
permit. Pages 1 and 2 should be filed be permit. Pages 1 and 2 should be filed Important: If item 27 is marked other any injury or other traumatic event, once.		19e. informent's Name/Relationship (Ty, STEVEN WALDER (SO) 20e. Method of Disposition 1 [X Miriel 2 Cremetion 3 G A G) 4 Donetion 5 Other (Specify) 21. Signature of Emeral Service Liceous	N) emovei from State	24 CO Pleca of Dispos cametery, crem HEBREW I	DRNBURY (ition (Neme of etory or other ple PRIENDSH Neme end Addre DL LEVINS	IP 6-	S MILLS, Dete 22-1997 S., INC.	MD 211. 20c. Location - C	17 City or Town	, Stete
Physician // Medical Examiner paysician and physician and	edicai Examiner	23e. Perfl. Enter the disease, or complishock, or heart feilure. List only or Immediate Ceuse (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest	DIABOTES Due to Athaoscle	Stenosis o (or es e consequence mellitus o (or es e consequence	uenca of): uence of):				Int	proximete terval Between nset and Death
res thet the death certifications by the ettending be detached for use as	by Physician/M	Pert it. Other significant conditions con	tributing to death but not r	esulting In the un	derlying cause gr	ven in Pert I.	23b. Did to			e cause of death?
The law requires thet sete hes been signed by pege 2 should be detailed.	Completed						24e. Wes e perfor	med?	aveile	
Physician: this certific ral director,	To Be	25. Wes case referred to medical exeminer? 1 Yes 2 No 27. Menner of Deeth 1 Neturel 5 Pending 2 Accident investigation	lospital: 1 ☐ Inpatient 2 28a. Dete of Injury (Month, Dey Year)	ER/Outpetient 28b. Time of Injury	28c. Inju Wo		ome 5 Resid			
To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	Certification:	3 Suicide 6 Could not be determined	28e. Plece of Injury - At building, etc. (Spe	t home, farm, stre	et, fectory, office		28f. Location (S City or Town	treet end Numbe n, Stete)	or or Rural R	oute Number,
he Hospi in 24 hou he Funer pletely fill	edical	29e. Certifier 1 ☐ Cartifying Phys (Check only one) 2 ☐ Madicat Examir	stclan: To the best of my k nar: On the besis of exeml and menner stated.	nowiedge, deeth netion end/or Inv	occurred et the ti estigetion, in my	me, date end plece, opinion, deeth occur	end due to the c red et the time, d	euse(s) end mer lete end piace, e	nner es stete nd due to th	ed. e ceuse(s)
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St	ate rar	30. Name and address of person who co POBLA E. DALLS, N. 31. Date filed (Month, Day, Year) JUN & 4. 1997	mpleted cause of deeth (II L ALC 32Arlegistrer's Sig	nossnowa	S Drive S	Suite25	D Dung	s Hills, v	MD	

DHMH 16 Rev 6/95

Registrar

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Deta of Deeth 20 1997 1:05 pm Month **Physician** L. White 1aury June /Medical 4b. City, Town, or Location of Deeth 4a. Facility Neme (If not institution, give street and number) 4c. County of Deeth Examiner Hospital Baltimore, MD Mary land If Undar 1 Yaar If Under 24 Hrs. 8. Date of Birth Month Day. AUGUST 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foreign **Funeral** 212 44 1829 1□ M 2 5 F Deys Hours 15,46 BACTTHORE, MD. 50 Director Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Magical Examiner must be notified at 1 Yes 2 No Director MARYLAND BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? ŏ "natural", or items 23s 823 WOODWARD STREET 21230 USA Funeral 12. Was Decedant Ever in U,S. Armed Forces? 1 ☐ Yes 2 [A] No If Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. permit. Peges 1 and 2 should be filed within 72 hours after. Department of Health and Mentel Hygiene. I important: If item 27 is marked other than "natural", or ther any injury or other traumatic event. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☒ No Specify: Specify: AFRO. AMERICAN by 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highast grada completad) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) UNKNOWN UNKNOWN 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be FRANCES LEROY **JENNING** WHITE 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 823 WOODWARD STREE, BALTIMORE, MARYLAND 21230 RONALD WHITE HUSBAND 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Steta 1 Burial 2 □ Cremetion 3 □ Removel from State 6/27/97 LANDROWN, MD. MT. ZION CEMETERY 4 ☐ Donetion 5 ☐ Other (Specify) of Funeral Selvice Licensee ESTEP BROTHERS FUNERAL HOME, P.A. 1300 EUTAW PLACE, BALTIMORE, MARYLAND 21217 Pert1. Enter the disease, or complications that caused tha death. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximata Interval Both Onsat and Death **Physician** obstructive pulmonary disease /Medical Immediate Ceuse (Final disaese or condition resulting in death) **Examiner** Physician/Medical Examiner physician end the bunal-transit Sequentially list conditions, if eny, leeding to immediate causa. Enter Underlying Ceuse (Disease or injury that initieted events resulting In deeth) Last Due to (or es a consequence of) Records, P.O. Box 68760 Due to (or as a consequenca of) Pert II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown ped ped b þ 24b. Wera autopsy findings eveilable prior to completion of cause of death? Completed 24e. Was an eutopsy performed? peed page 2 certificate 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifical completely filled in by the funeral director, 25. Was case referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Hospital: Description 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Rasidence 8 Other (Specify) 1 Yes 2 No Certification: To 28e. Date of Injury (Month, Day Year) 27. Menner of Death 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 1 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) Pleca of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 Homicide Medical Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, and due to the ceuse(s) end manner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end placa, end due to the cause(s) end menner stated. 29a. Certifier 29b. Signetura and title of purble 29c. License number 29d. Date signed (Month, Day, Year) HODESON, MD P10228 upleted cause of deeth (Item 23a) (Type, Print)
Univ. of MD 22 South Greene St. Bultimore MD 21201

Registrar

Denice Hodgson 31. Dete filed (Month, Day, Year)

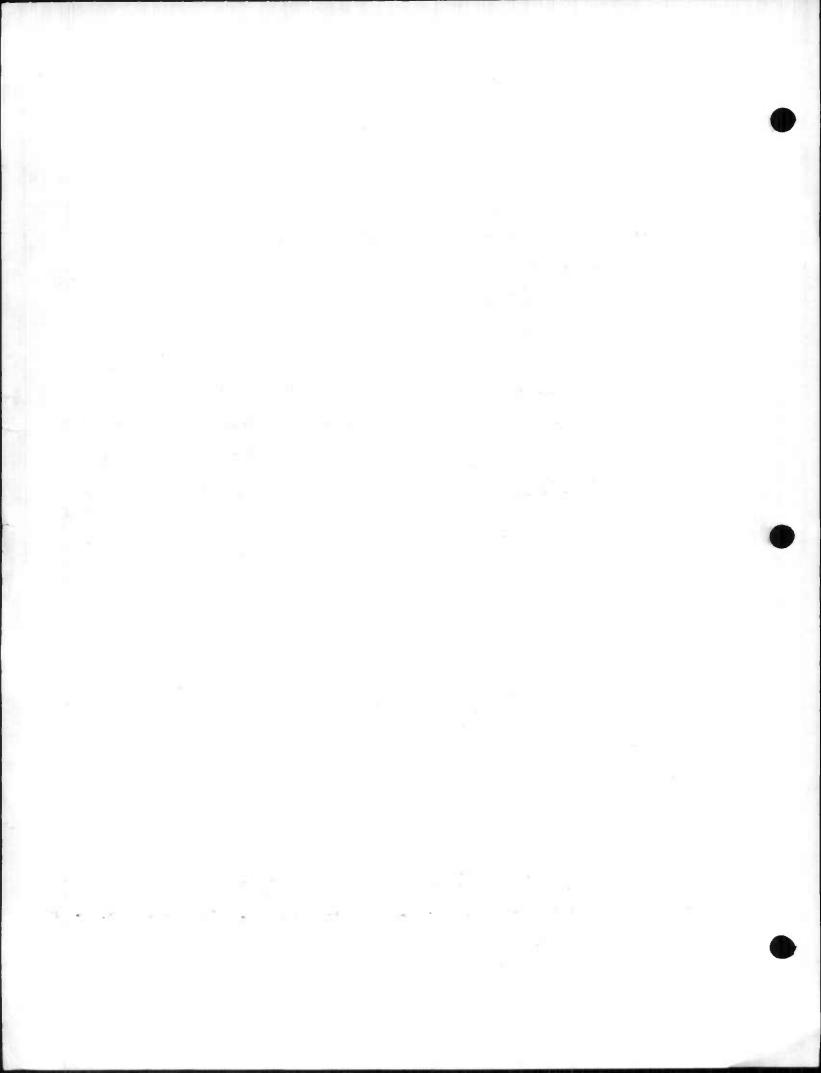
JUN 2 4 1997

Julia Bangeris Romanel

BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be ratained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after death with the State Dest. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	¥ pa	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filled within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	8
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	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT		MENTAL HYGIEN REG. NO	_	
1	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH
		EPANIER AL		T	6 6	97	12 NOON M
		SEX 6. AGE (In yrs. les	MONTHS	YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8, BIR	FHPLACE (State or Foreign ntry)
	216-49-2621 9a. FACILITY NAME (If not institution, give stree	□ M 2 □ F 104	YRS.		6-16-18		ANADA
TOR	HARTLEY HALL NO			OWN OR LOCATION OF D		WOCEST	
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	CESTER	10c. CITY, TOWN OR	LOCATION ORE CITY			10d. INSIDE CITY LIMITS? 1 YES 2 NO
IERAL	100. STREET AND NUMBER	ST		101. ZIP CODE 21851		10g. CITIZEN OF	WHAT COUNTRY?
ВҰ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 AR IF YES, GIVE WAR OR DATES	fO If y	S DECENDENT OF HISPA es, specify Cuben, Mexic YES 2 NO Speci		Blo	CE — American Indian, ick, White, etc.
COMPLETED	(Specify only highest grade cor Elementary/Secondary (0-12)	mpleted) (Gi	CEDENT'S USUAL OCC We kind of work done dur Do NOT use retired.) HOUSEUNFE	UPATION Ing most of working	OWN 1	SINESS/INDUSTRY	e ²
BE CO	17. FATHER'S NAME (First, Middle, Last) WILLIAM TREPA	NIER		18. MOTHER'S NA	AME (First, Middle, Melden ANNE TO	Surrame)	PRD
5	19a. INFORMANT'S NAME (Type/Print) EMMA WILSON		MAILING ADDRESS (S 3288 NA	Street and Number or Rural // GATOR DR	Route Number, City or Tow	n, State, Zip Code)	A. X3356
	20a. MSFHOD OF DISPOSITION 1 D'Suriel 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	I from State cametery, cre-	MODATE OF DISPOSITI			CATION — City or LISBURY	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	22. NA	ME AND ADDRESS OF EA	ACILITY		
	► C Menn Fessic				MY HOME		21814
	23. PART I. Enter the disease, or con shock, or heart failure. Lie iMMEDIATE CAUSE (Final disease or condition resulting in death)	t only one cause on each line			the acardiac or reap		Approximate Interval Batween Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECUTIVE TO	DUENCE OF):	heroscl	erosis		7 yrs
MEDICAL	PART II. Other significent conditions of Senill Den Conty arth Rostie ancer	contributing to death but not no rentia; C sites, Glayer. Sq. Ce	VA;7 ele Ca,	a . anes	PERFOR	RMED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 R NO
SICI,		OSPITAL:	OTHER:	28. PLACE OF BEATH (C)			
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	Inpatient 2 ER/Outpatient 3 28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF 26	to INJURY AT WORK?	6 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At hos building, atc. (Specify)			28f. LOCATION (Street a City or Town, State)		Route Number,
COMPLETE		N: To the best of my knowledge, de On the besis of examination and/or in					(a) and manner as stated.
TO BE C	SO. NAME AND ADDRESS OF PERSON WHO C	Bellows	24. T	29c. LICENSE NU	MBER 505	29d. DATE SIGNE	O (Month, Day, Year)
- 1	GREGORIO M BEI	I ACA MO A	7 42 00	MARERRY	V 20 011		

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE
JUN 11 1997 Julia Danielson Rordall



WRC 97-2943-021 CLYDE SMITH

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 07 10100

AE	RECHT	JI	R.			Cer	tificate of	Death		Reg. No.	1	13100
	Physic		Decedent's Nema (First, Middla, L CLYDE SMI	ast) TH ABRECHI	r, JR.				2. Data of Das Month	ath	Ø9°	3. Time of Death 4:30 PM
	/Medi Exami		4e. Facility Nama (If not institution, gr	iva street and number	•)				r Location of Death		of Death	k
	Funeral Director		213-16-0029	Sex 7. A 1 1 M 2 □ F		ast birthday) 7 Yrs.	If Undar 1 Year Months Days		8. Data of Birt (Month, Data Dec. 13	, Yaar) 919	9. Birthp Cour Mary	placa (Stata or Foreign Land
	e Maryland	etor	Usual Rasidance of Dacedant 10a. Stata 10b. County Maryland Freder	ick		.Town or Loc					1	10d. inslda City Llmits 1 🖫 Yes 2 🖸 No
	23a or 24	ral Director	10e. Street end Number 809 Montclaire A	venue			10f. Zip Coda 21701			10g. Citizen of V		ntry?
020	n 72 hours efter death with the Maryland "natural", or frems 23a or 28a-f show odical Examiner must be notified at	by Funeral	11. Marital Status 1 Navar Married 2 Married 3 Widowad 4 Divorced	12. Was Daceden Armed Forces 1 Yas 2 if Yas, Giva Yaer or Detas:	2 No		Vas Dacedant of l Yas, specify Cub □ Yas 2 No		(Specify Yas or No- arto Rican, etc.)	14. Rac Blac Specify	ck, Whita,	can Indian, atc. ite
Maryland 21215-0020	within ane. than "	Completed	15. Decedant's E (Spacify only highest gi		5+)	(Give I lifa. D	ant's Usuel Occu kind of work dona OO NOT usa ratire	petion during most of wed)	rorking	16b. Kind of Be		
yland 2	be filed stal Hyg d other event,	To Be Co	17. Fether's Nama (First, Middla, Las Clyde S. Abrech	,		F	Treman		ama (First, Middle, th Ida Ad	Maidan Suman		iment
	s 1 and 2. Health er tem 27 is		19a. Informant's Name/Relationship Wayne D. Abrecht 20a. Method of Disposition		20b. PI	6705		on Boule	Pural Route Number vard, Fre		MD :	21703
Baltimore,	permit. Pages 1 and Department of Health Important: If Item 27 any Injury or other tonce.		1 Burial 2 □ Cramation 3 (4 □ Donation 5 □ Other (Special Signature of Fundrul Section 2)	ify)	2	nt Oli	vet Ceme	etery				Maryland
B	Physician		23a. Part1. Enter the disease, or conshock, or hand fallura.	eplications that Yause	od be doub	7 12	01 NORTH	H MARKET ing, such as cerdi		DERICK,		
	/Medical Examiner	ner	immadiate Ceuse (Finel disaasa or condition rasulting In daath)	a	Due to (or	ltip(e +1 uance of):	Yur	8			
60,	certificate be executed nding physicien and use as the burial-transit	ai Examiner	Sequantially list conditions, if any, laading to immediate cause. Entar Undarlying Causa (Disease or Injury	b. ————————————————————————————————————	Due to (or	as a consaqu	uance of):					
Box 68760,	ding ding	in/Medical	that Initiated evants rasulting in death) Lest	d	Due to (or	es a consequ	uance of):					
s, P.O. B	thet the d	by Physician/	Part II. Other algorificant conditions	contributing to death	but not rasu	lting In tha un	darlying ceuse gi	ven in Pert I.	23b. Did t	1		o the cause of death?
Records	aw requi	Completed b								en eutopsy rmed?	av	ara autopsy findings vailable prior to empletion of cause deeth?
of Vital F	sician: The certificate rector, pag	Be	25. Was cesa referred to medicel examinar? 1∆ Yes 2 □ No	Hospital:	iont of	ER/Outpatient	2 DOA Ot	har:	eeth (Check only o	na)	1/	Yes 2 No AT SCENE
Division of	or Attending Ph efter death. Director: After th in by the funeral	Certification: To	27. Mannar of Death 1 Naturai 5 Panding Accidant invastigatic 3 Suicida 6 Could not I 4 Homicide	28e. Deta of Inj (Month, De 5-29- 28e. Place of In	ury ay Year)	28b. Time of Injury	28c. Inju Wo	ry at rk? Yas 2 No	28d Dascribe h 28f. Location (S City or Tow	now injury occur	nto c	el Route Number,
	the Hospital hin 24 hours the Funeral mpletely filled	edical C	29a. Certifier (Check of the control	hysician: To the best minar: On the basis of and manner s	of axeminati	viedga, daath on and/or inv	occurred at tha ti estigetion, In my	ma, data and ple opinion, daath oc	ce, and dua to tha courred at the time,	causa(s) and madete end piece,	innar as s	tated. o tha ceuse(s)
	To the within 2 To the comple	Me	29b. Signature and title of certifier	1	Λ		29c. Lican	se numbar		29d. Data signe	d (Month,	Dey, Yeer)

State Registrar

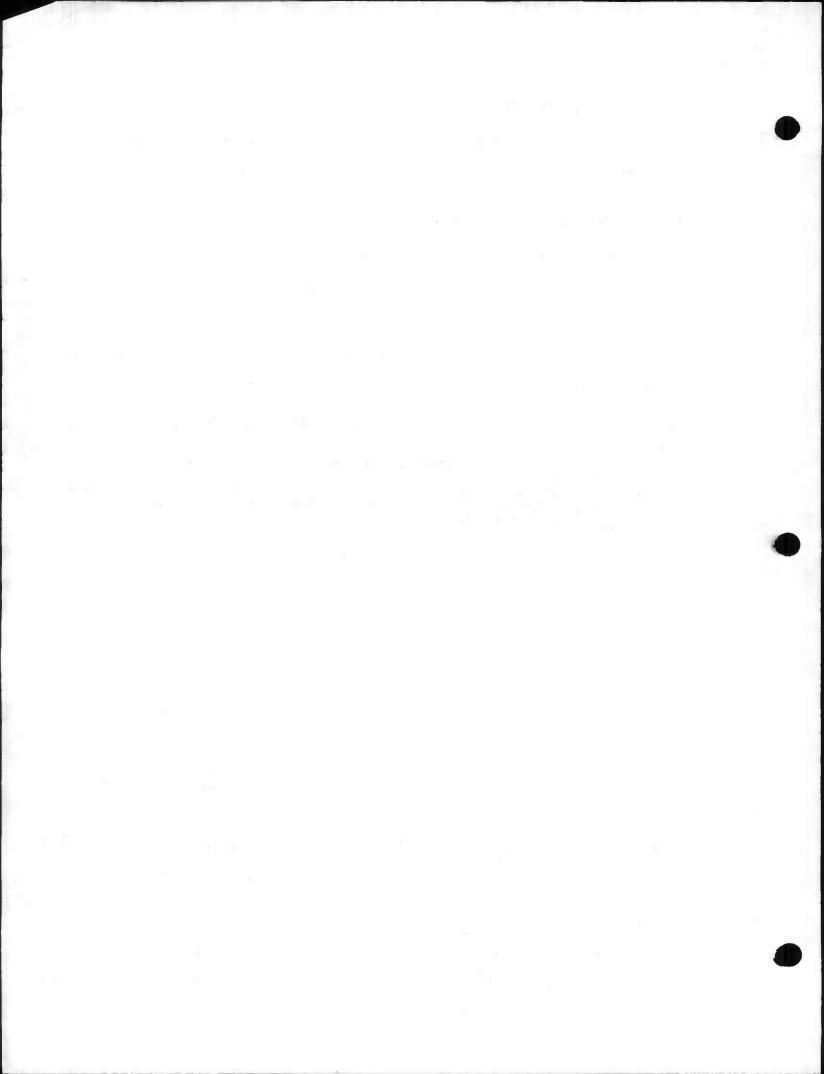
31. Data filed (Month, Day, Yaar) JUN 0 3 1997

d address of person who completed cause of peath (Itam 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

O.C.M.E.

MAY 30, 1997



Abrecht, Adabelle 5-29-1997 - 4:30pm

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental	Hygiene
Certificate of Death	Peg No

Reg. No.

Physician /Medical Examiner

Funeral Director

the Maryland 28a-f show must be notified at ò Items 23a

permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Introcrient: If item 27 is merked other than "natural", or hand any injury or other traumation. Baltimore, Maryland 21215-0020

Physician /Medical Examine

that the death certificate be asscuted

Box 68760.

P.O.

Records,

Division of Vital

The

Hospital or Attending Physician:

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24 hours

within 24 hor To the Fune complately fi

pue bunal physician the for use as 88 the signed by the paga 2 this funeral After death. efter death 5

1 Decedent's Name (First Middle Lest) 2. Data of Deeth Vaar Month 29, ADABELLE ABRECHT May 4:30 1997 PM 4a. Facility Name (If not institution, giva straet and number) 4b. City, Town, or Location of Death 4c. County of Death Route 15 s/b Fish Hatchery Road Thurmont Frederick If Under 24 Hrs. 8. Data of Birth
Hours Min. (Month, Day, Year) 5. Social Sacurity Number If Undar 1 Yaar 8. Sax 7. Age (In yrs. last birthday) Birthplaca (Stata or Foreign Country) 1 M 2 XF Days Yrs. 75 215-18-2625 Feb. 26, 1922 Maryland Usuel Rasidance of Dacedant 10a Stata 10b County 10c. City, Town or Location 10d. Inside City Limits 1 Yas 2 No Director Maryland Frederick Frederick 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 809 Montclaire Avenue 21701 U.S.A. Funerai 12. Wes Decedent Evar In U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Maxicen, Puarto Rican, etc.) 14. Rece - American indian, Black, Whita, etc. 1 Navar Marriad 2 Married 1 ☐ Yes 2 🛣 No If Yas, Give Yaar or Datas: 1 ☐ Yas 2 X No Specify: þ 3 Widowed 4 □ Divorced Specify: White Completed 15. Decedant's Education (Specify only highast grada completed) 16a. Decedent's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Elementery/Secondery (0-12) College (1-4or 5+) Stockroom clerk 12 Eyerly's Dept. Store 17. Fathar's Name (First, Middla, Last) 18. Mother's Nama (First, Middla, Maidan Sumeme) Harry Covell Alverta Ridgley Wachter 0 19e. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Streat and Number or Rural Route Number, City or Town, Stata, Zip Code) Wayne D. Abrecht/Son 6705 Jefferson Boulevard, Frederick, MD 21703 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Othar (Specify) Mount Olivet Cemetery 6/3 Frederick, Maryland 22. Name and Address of Fecility ROBERT E. DAILEY & SON FUNERAL HOMES, P.A. 1201 NORTH MARKET ST. FREDERICK, MD 21701 th. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximata Intarvel Between Onset and Death enter the disease, or heart failure. L Immediata Ceuse (Final disaasa or condition rasulting in death) Multiple Traumatic Injuries Immed Dua to (or as a consequence of): Examiner Saquantially list conditions, if any, laading to immadiata ceusa. Entar Undarlying Causa (Disaase or injury that initiated events rasulting in deeth) Last Dua to (or as a consequence of): Physician/Medicai Due to (or as e consequence of): Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 X No 3 ☐ Probably 4 ☐ Unknown þ 24b. Ware eutopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy 1 ☐ Yas 2 No 1 ☐ Yes 2 ☐ No Be 25. Was cesa referred to medical axaminar? 26. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Rasidance 6 Nother (Specify) Roadway 1X Yas 2 No Certification: To 1 ☐ Inpatiant 2 ☐ ER/Outpetient 3 ☐ DOA 28a. Data of Injury (Month, Day Year) May 29, 1997 27. Mennar of Deeth 28d. Dascribe how injury occurred 28b. Time of 28c. Injury at Work? 3:58p 5 Pending Investigation 1 Neture! Passenger involved in MVA 1 TYas 2 K No 2X Accident 6 ☐ Could not be determined 3 Sulcida 28a. Place of Injury - At homa, farm, streat, factory, office bullding, etc. (Specify) 28f. Location (Straat and Number or Ryral Routa Number, City or Town, Stata) Rt 15 @ Fish 4 Homicide Highway Hatchery Road, Thurmont, MD edicai 29a Cartifiar 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete and place, and due to the cause(s) and manner as stated. (Check only one) 2 XMadical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceusa(s) and manner stetad. 29b. Signetyre, end titla of certifier 29c. License number 29d. Date signed (Month, Day, Year) D35164 May 30, 1997

State Registrar

Andrew Zarick, Jr, M.D., 1080 West Patrick Street, Frederick, Maryland 21703 31. Data filad (Month, Dey, Yaar)
JUN 0 3 1997 32. Aggistray's Signatura

30. Nama and address of person who completed ceusa of daath (Item 23a) (Type, Print)

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent'e Neme (First, Middle, Last) 2. Dete of Deeth Month Year **Physician** June 7, 1997 John Irvin Ashbaugh 9:43 AM /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** 532 Clark Road Knoxville Washington If Under 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth (Months, Day, Year) Birthplece (State or Foreign Country) 5. Sociei Security Number 7. Age (In yrs. last birthdey) **Funeral** Deys 1X M 2 F Yrs Director 220-28-2885 62 August 28, 1934 Virginia Usual Residence of Decedent the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or hems 23a or 28a-f show traumetic event, the Medical Examiner must be notified at 1 Yas 2 No Director Maryland Washington Knoxville 10e. Streat and Number 10f. Zip Code 10g. Citizen of Whet Country? permit. Pages 1 and 2 should be filed within 72 hours efter death with Department of Health and Mental Hygiene.

Department of Health and Mental Hygiene.

Salor interest if them 27 is marked other than "natural", or them 532 Clark Road 21758 Funeral USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 Ø No If Yes, Give Year or Detes: Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bieck, White, etc. 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 🕽 (No Specify: Specify: by 3 ₩ Widowed 4 Divorced White Completed Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Janitor Publishing Company 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Robert Roosevelt Ashbaugh Rosanna Elizabeth Fleming 19a. Informant's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) <u>Gail E. Tribby - Daughter</u> 532 Clark Road - Knoxville, MD 21758 20b. Pleca of Disposition (Neme of cemetery, cremetory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 X Bunei 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Othar (Specify) Brownsville Heights Cemetery | 6/10/97 Brownsville, Maryland 22. Name and Address of Facility
Eackles-Spencer Funeral Home
Harpers Ferry, WV 25425-0028 21. Signeture of Funerel Servica Licensea Harpers Ferry, WV 25425-002

23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart feliure. List only one ceuse on each line. Approximata interval Between Onset end Deeth Physician /Medical Immediate Cause (Finel Brancho pazumonia disease or condition resulting in deeth) Examiner Due to (or es a consequenca of): Examiner pi- ortio 7 physicien and s the burial-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not rasuiting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? s been signed by t should be detact 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Wes en eutopsy performed? 1 you ple son o 2 1000 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director: After this certifics completely filled in by the funeral director, 25. Wes case referred to medical 28. Place of Deeth (Check only one) Other: 4 Nursing Home 5 N Residence 8 Other (Specify) 1 ☐ Yes 2 No Certification: To 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Date of Injury (Month, Dey Year) 27. Manner of Death 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 1 X Naturel 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident 8 Could not be datarminad 28f. Location (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 28a. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 1 A Certifying Physician: To the best of my knowledga, deeth occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) and manner stated. 29a. Cartifiar

29c. License number

Gregory P. Rausch, M. D. - 501 West 7th Street - Frederick, MD 21701

32 Registrar's Signature Rardall

D14676

29d. Dete signed (Month, Day, Year)

State Registrar

29b. Signeture end title of cartifier

31. Date filed (Month, Dey, Year)

JUN 0 9

30. Name end eddress of person who completed cause of daeth (Item 23e) (Type, Print)

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 9 9

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	Physici		Decedent's Nama (First, Middle, L.	ast)	1. 1		2. Date of Deat	-	Year -	3. Tima of Death
	/Medi		Maria	UNELIA	Hoonte		June	10	1997	22:05
	Examir	ner	4a. Facility Nama (If not Institution, g		/	4b. City, Town, or I		4c. County	of Death	
			SUBURBAN	HOSPITA		BETHE.		MUN	COMO	RY
	Funeral Director		5. Social Security Number 6. 580 281567 Usual Rasidence of Decedent	Sex 7. Age (In	76 Yrs. Month	er 1 Year If Under 24 Hrs. s Days Hours Min.	8. Date of Birth Month, Day, JULY 5	1920	9. Birthplace	Co State or Foreign
	yland		10a. State 10b. County	10	c. City, Town or Location				10d.	. Inside City Limits
	ith the Marylar or 28a-f show	Director	MARYLANT MONTO	GOMERY	SILVER SP	PRING Cip Code	11	0g. Citizen of t	What Country	1X Yas 2□No
	23a o		811 FASIEY	STRISIST +	1421	20910		11	M	
	Herne ?	Funeral	11. Marital Status	12. Was Decedent Ever Armed Forces?	in U,S. 13. Was Dec	edent of Hispanic Orlgin? (S ecify Cuban, Mexican, Puert	pecify Yes or No-		a - American	
5-0020	n 72 hours efter death with the Manyand "netural", or Items 23a or 28a-f show notes! Evanticet must be notified at	by	1 ☐ Nevar Marriad 2 ☐ Married 3 Widowed 4 ☐ Divorced	1 Yas 2 No If Yes, Give Year or Dates:		2 No Specify:	TO FI	Specify	ck, White, etc	ANIC
5-(72 h	Completed	15. Decedent's E (Specify only highest g	Education rade completed)	16a. Decedent's Us (Give kind of v	ual Occupation work done during most of wor use retired)	tking	16b. Kind of B	usiness/Indus	stry
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	filed with Hygiena. ther ther		17. Father's Name (First, Midgle, Las	()	MOME	MAKER 18 Mother's Nan	ne (First, Middle, M		N /the	16
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ary	2 should be and Mantal is marked o	P P	19a. Informant's Name/Relationship	(Type, Print)	19b. Mailing Addre	ss (Street and Number or Ru	V/7 //	City or Town	State Zip Co	odel Cale 18
X			AIDA / BIN	-PALMIKHT	(D) £11 ED	SIKU ST #		UER ST		100
Ψ .	-755		20a. Method of Disposition		Ob. Placa of Disposition (A cametery, crematory of	ame of		20c. Location	City or Town	i, State
E O	Page ent c nt: If ry or		1 Burial 2 Cremation 3 4 Dornation 5 DOrnation 5 DOrnation 5 DOrnation 5 DOrnation 3		WETO A AND IT	MA CAFM I	12.97	TICKA	UDRIK	1 111
	in party in		21. Signature of Funeral Servica Lica		1/1/72 22. Name	and Address of Facility	1421	510011	Jan	1011
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	_		23a. Puril. Enter the disaasa, or con	nplications that caused the	death. Do not enter the m	ode of dying, such as cardiac	or respiratory arre	<i>LO</i> () / 1 / 1	CIZZ	pproximate
ı,	Physician		ock, or heart failure. List only	one cause on each line.						itervel Between Insat and Death
	/Medical		Immediate Cause (Final disease or condition		METASTATIC	ENDOMETRIA	(CARCI	NUMA	3	MONTHS
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90	icate be executed physician and s the buriel-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	Due	to (or as a consequence o):				
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5	ysician: s certific director,	To Be	examiner?	Hospital:	2 ☐ ER/Outpatient 3 ☐ [Other	oth (Check only only one 5 Reside		er (Specify)	
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io i	death. ctor: Afti y the fun	atio	1 ⊠Natural 5 ☐ Pending 2 ☐ Accident Investigation		Injury M	1 Yes 2 No				
Division	or Attend after death Director: /	ertification:	3 ☐ Suicide 6 ☐ Could not 9 determined	28e. Place of Injury - building, etc. (S)	At home, farm, street, facto	ory, office	28f. Location (St. City or Town		er or Rural R	loute Number,
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	To the Hospital or Attent within 24 hours after deat To the Funeral Director: completely filled in by the	edicai	29a. Certifier (Check only one) 1	hysicien: To the best of my miner: On the basis of exa and mannar stated.	knowledge, death occurre mination and/or investigation	d at the time, date end place n, in my opinion, death occu	, and due to the ca rred at tha time, da	use(s) and ma ate and placa,	anner as state and due to th	ed. e cause(s)
į	vithin 2 To the F complet	M	29b. Signature and title of certifiar	Juin 7	2	9c. Licansa number		9d. Data signe		
				hu /		D 29256		JUNE	, 10, 10	19+
			30. Name and address of person why	completed cause of death	(Item 23a) (Type, Print) - 43 4 3	YONTGOMERY				
	Sta Registr	_	31. Date filed (Month, Day, Year)	32. Registrar's S	Signature Portall					e minimum est lumphymes and

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Dete of Death Month **Physician** HE MDAMS LEN 4b. City, Town, or Location of Death /Medical 4a. Facility Neme (If not Institution, giva street end number) 4c. County of Death Examiner SOUTHERN CHINTON MARYIAND HUSPITAL PRINCE FORGES If Undar 1 Yasr If Undar 24 Hrs. 8. Data of Birth
(Month, Day, 5. Social Security Number J. Aga (In yrs. last birthdey) 9. Birthplsca (Steta or Foreign **Funeral** 1 M 2 D 577-24-9617 Director OCT. 16, 1717 Wash death with the Maryland 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examinat must be notified at 1 Nas 2 No Director Prince George's Maryland 10e. Street and Number 10g. Citizen of What Country? 407 united States Funeral Was Dacedant of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, etc.) 11. Marital Stetus 12. Was Decedent Ever In U,S. Armed Forcas? 14. Race - American Indien pernit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "naturel", or item any injury or other traumatic evant, me Medical Examinat 1 Yas 2 No 1 ☐ Never Merried 2 Msrried Saltimore, Maryland 21215-0020 1□ Yes 2☑No Specify Black þ Specify: 3 Widowed 4 □ Divorced Yaar or Detes: Completed 16a. Decedant's Usuel Occupation (Give kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highest grada complated) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) College (1-4or 5+) Maid 12 TH 17. Fathar's Name (First, Middle, Last) 18. Mothar's Name (First, Middle, Meiden Surname) Be Davis ouse UNKNOWN 2 19e. Informant's Name/Reistlonship (Type, Print) 19b. Malling Addrass (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) 4107 Clark Height's Gloria 20b. Placa of Disposition (Neme of cematary, cramatory or other place) 200. Location - City or Town, Stata 20a. Mathod of Disposition 1 ☐ Surial 2 ☐ Crametion 3 ☐ Ramoval from State Harmony Mem. Park 4 ☐ Donation 5 ☐ Othar (Specify) 21, Signatura of Funaral Sarvice Licensaa M/083 23a. Pert1. Enter the diseasa, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiretory arrest, shock, or heart feilura. List only one cause on each line. Approximate Interval Between Onset and Death Physician /Medical Immedieta Causa (Final disaasa or condition rasulting in deeth) Examiner Examiner use as the burial-transit The law requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Diseesa or injury that initiated evants rasulting in daath) Last and Division of Vital Records, P.O. Box 68760, signed by the attending physician d be detached for use as the himse Physician/Medical Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco uss contribute to the cause of death? 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findinge evsliable prior to completion of cause of daath? paga 2 should Completed 24a. Wes an autopsy performed? Director: After this certificate has 1 Yes 1 ☐ Yas 2 ☐ No To the Hospital or Attending Physician: 'within 24 hours after death.'

To the Funeral Director: After this certifica 25. Was casa refarred to medical axaminer? Be 28. Placa of Death (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yas € No Inpatiant 2 ER/Outpatient 3□ DOA funeral 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28c. tnjury at Work? 28d. Dascribe how injury occurred Certification: 28b. Tima of 5 Panding Invastigation Wistural 1 🗌 Yas 2 Accidant filled in by the 6 Could not be determined 3 Sulcida 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, offica building, atc. (Specify) 4 Homicida cartifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner es steted.

I medican Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. Medical 29a. Certifler

completely

31. Dete filed (Month, Day, Year) State Registrar

ignature and title of

29b.

who completed causa of death (Itam 23a) (Type, Print) KERTELE 32. Ragistrar's Signatura The Showler Revell

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	or 28	Director	10e. Street end Number					10f. Zip	Code	-			10g. Citizen of	Whet Coul	ntry?	
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r	0 5 6	Сотр										10X(Y	'es 2□No	15	Kyes 2	2□ No
and the		Be	25. Wes case referred to medical examiner?							26. Place of	Deeth (C	Check only o	ne)			
010	d is	To	XX Yes 2 □ No		☐ Inpatient	2 XER/Ou	tpetient	3□ DO	A Ot	her: 4 Nursin	ng Home	5 🗆 Resid	lenca 8 🗆 Ot	her (Specil	(y)	
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<u>S</u>	Attender de de de de de de de de de de de de de	tific	3 ☐ Suicide 6 ☐ Could no 4 ☐ Homicide determin	208. Pla	ica of Injury	- At home, fe	rm, stre	et, fectory,	offica	-	28f	Location (S	Street end Num	ber or Rura	A Route N	lumber,

To the Hospital or A within 24 hours efter To the Funeral Dire completely filled in b

and address of person who completed cause

A ROW WHE MAP

of death (Item 23e) (Type, Print)
111 Penn Street, Baltimore, Maryland 21201

29d. Date signed (Month, Dey, Year) JUNE 16, 1997

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, and due to the cause(s) and menner es steted.

XX Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, death occurred et the time, date end place, end due to the cause(s) end manner steted.

29c. License number

O.C.M.E

State Registrar 29a. Certifier (Check or one)

29b. Signature

31. Dete filed (Month, Day, Year)

JUN 23 1997

32. Registrer's Signeture who alwayer Karlell

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death AMENDED # 5 P.G.C. 6-16-97 cr 1. Decedent's Name (First, Middle, Lest) 2. Date of Deeth 3. Time of Deeth **Physician** ASGAR ABBAST 5:57 Pm JUNE 1997 /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner SUBURBAN HOSPITAL BETHESDA MONTGOMERY 5. Social Security Number If Under 1 Year If Under 24 Hrs. 9. Birthplece (State or Foreign Country)
Pakistan 7. Age (In yrs. lest birthday) **Funeral** Days Hours 1X M 2 ☐ F 219-86-8573 54 Yrs. Director Usuel Residence of December 3 the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show Pages 1 and 2 should be filed within 72 hours efter death with the Marylai nent of Health and Mental Hygiene. Int: If Itam 27 is marked other than "natural", or items 23a or 28a-f show bry or other traumatic event, the Medical Examiner must be notified. Director Montgomery 1 Yes 2 No Bethesda 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 6518 Demorcracy Blvd. 20817 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - American Indien, Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Specify: Pakistani by 3 Widowed 4 Divorced Completed 15. Decadent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Eiementery/Secondary (0-12) College (1-4or 5+) Stockbroker Stock market 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Abdul Majeed Abbasi Ul-Nisa Noor 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Ajmal A. Abbasi 2 Brassie Ct, Gaithersburg, Md. 20e. Method of Disposition 20b. Place of Disposition (Name of cametery, cremetory or other pleca) 20c. Location - City or Town, Stete 1 Burial 2 Cremation 3 Removel from State George Washington 6 - 9 - 97Adelphi, Md. 4 Donetion 5 Dother (Specify) 21. Signature of Funeral Service Licensee 22. Name end Address of Facility Universal Mortuary Inc. 411 Kennedy St.N.W., Washington, D.C. 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** Immediate Cause (Finel disease or condition resulting in death) /Medical 1 Hour CARDIAC ARREST Examiner Due to (or es a consequence of): Examiner 5 Years CORONARY ARTERY DISEASE sician and burial-transit be executed Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or as e consequence of) 5Years physician s the buna DIABETES MELLITUS Physician/Medical The law requires that the death certificate Due to (or es a consequence of): 1 Years attending p 98 RENAL INSUFFIENCY signed by the at d be detached fo Part II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ should should 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Wes en eutopsy page 2 s certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No Hospital or Attanding Physician: 24 hours after death. Funeral Director: After this certific 25. Was case referred to medical examiner? Be 26. Plece of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☑ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes 2 No 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth Certification: 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 1 Naturei 2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide

Box 68760. P.O. Records, Division of Vital

within 24 hours a To the

State Registrar

edicai

Thomas F. Goldbaun ate filed (Month, Day, Year)

4 - Homicide

29b. Signature end

29e. Certifier (Check only one)

eted cause of deeth (Item 23a) (Type, Print)

28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify)

29c. License number

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and menner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and my my stated. 29d. Dete signed (Month, Dey, Year)

D - 30885

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

June 9, 1997

30. Neme and eddress of person who co

8600 Old George Town Rd., Bethesda, Md.

32 Registrar's Signature JUN 10 1997

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			State of IV	naryland / I	Department Certificate			ia ivi		ene g	7	19195
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pemil. Pages 1 and 3 Department of Health Important: If Hem 27 I any Injury or other tr. 2016.		STANLY BARNHILL/GR 20e. Method of Disposition 1 Buriel 2 Cremetion 3 4 Donetton 5 Other (Specify 21. Signature of Funeral Service Loan	Removel from State	MT. Z	TON BAPT: 22. Neme end	e of her pleca IST Addres JERS	CH. CE of Fecility	JOL	LEY MEM	OC. Location SNOWHI ORIAL MD.	LL, M CHAPE	D.
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) > == 0	Completed by	HEART FAILURE	MITTER	LVALVE	- CALCI,	FIC.	ATTON	4	24a. Wes an perform	autopsy ed?	evi	ere autopsy findings ailable prior to mpletion of cause death?
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2 Sta	te	30. Name and eddress of person who of DOROTTAY 31. Dete filed (Month, Pay, Year)	ompleted cause of OLZIVIII	deeth (Item 23a)	(Type, Print)	203	SNO	a	St. S	NOW !	Huy	ND. 2186:

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State of Maryland / Department of Health and Mental Hygiene

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					Cei	rtificate o	f Death		Reg. No.	1 1	19190
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Physic /Med		Hewitt	Samuel	Bal	lard			June		997	0900
Exam		4a. Fecility Neme (If not institution, g	ive street and number,)			4b. City, Town, o	or Location of Deeti	4c. County	of Death	
		819 Booth Street					Salisbu	ry	Wic	omico	
Funera Directo		5. Social Security Number 6. 219-62-9915 Usuel Residence of Decedent	Sex 7. A	ge (In yrs. last 41	birthday) Yrs.	If Under 1 Yea Months Day	ar If Under 24 H s Hours M	s. B. Dete of Bir in. (Month, Da Oct. 11	th Year)	9. Birthple Count Mary	lece (Stete or Fore try) Land
Pand and		10a. State 10b. County		10c. City, T	own or Lo	cation				10	Od. Inside City Lim
Mary Feb	Ö	Maryland Wicomi	CO	Sal	isbur	`V					1 X Yes 2 □
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Aenta Aenta treed	10	Leroy T. Ballard					Viola	Collier			
should and Men marke umark		19a, Informant's Name/Reletionship	(Type, Print)	1	19b. Meilir	ng Address (Stre	et and Number or	Rural Route Numb	er, City or Town	, Stete, Zip	Code)
atth e 27 is r trai		Thelma Kersey/si	ster	12	29156	Lover'	s Lane R	d Mari	on. Mar	vland	21838
The Head		20a. Method of Disposition		20b. Place		sition (Name of natory or other p		Dete	20c. Location	Y	
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그는 본 등		21. Signature of Funeral Service Lic		MC. U				.6/7/97 1213 Jers			
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_		23a. Part1. Enter the diseese, or co shock, or heart failure. List on	e joue	1			EMORIAL (21801 Approximate
/Medical		Immediate Cause (Finel disease or condition resulting in deeth)	a	Due to (or as		•					
iaw requires mat me death centificate be executed as been signed by the attending physician and be 2 should be detached for use as the buriat-transit	Medical Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest	c	Due to (or as							
the attend thed for us	Physician/	Part II. Other significant conditions	contributing to death b	out not resultin	g In the u	nderlying cause	given in Part I.	23b. Dld	tobacco use co	ontribute to	the cause of dea
es that the de igned by the be detached	by Phy							1)2	Yes 2□ No	3 Prob	ebly 4 Unkn
e law requires has been sig ge 2 should b	Completed b								an autopsy rmed?	ava	ore autopsy finding illable prior to inpletion of cause leath?
ate h	200							1 🗆	Yea 2□ No	10	Yes 2□ No
ysician: the l s certificate ha director, page	Be	25. Wes case referred to medical examiner?					28. Place of D	eath (Check only	one)		
	10	1 Yea No	Hospitel: 1 Inpati	ent 2 ER	Outpetien	t 3 DOA	other: 4 Nursing	Home 5 Resi	den <i>ce</i> 6 □Oth	ner (Specify)
Afte		27. Menner of Death 1. Naturel 5 Pending 2 Accident Investigati	28a. Date of Inju (Month, De		b. Time of Injury	W	ury at ork? Yes 2 No	28d. Describe	how Injury occur	red	
s effer death. I Director: A d In by the fu	Certification:	3 ☐ Sulcide 6 ☐ Could not 4 ☐ Homicide determine	Zoe. Place of In	jury - At home c. (Specify)	, ferm, str	set, factory, offic	6	28f. Location (City or To	Street end Numi vn, Stete)	ber or Rural	Route Number,
within 24 hours effer To the Funeral Directory (Completely filled In the	edical (29e. Certifier (Check only one) 1 Certifying F	hysician: To the best minar: On the basis o and menner st	f examination	dge, death end/or inv	occurred at the restigation, in my	time, date and pla opinion, death oc	ce, and due to the curred at the time,	cause(s) and made and pleca,	anner as sta and due to	ated. the cause(s)
o thin	Me	29b. Signature and title of certifier				29c. Lice	nse number		29d. Date signe	d (Month, I	Day, Year)
->-0		1 /than	0- /	Ma			1757/	19	6-7	15-	7
		20 Name and address of	man	1912	-1 /	1	1000	/	0 2	- /	2100
,		30. Name and address of person who	completed cause of c	in A X	a) (Type,	Pnnt)	+ 1/0	non Ro	1 Prin	2-2-1	VIOS-
		Charles D.	Rango	WW	20	434 IV	IT VEV	Y IUN N	YITIY	cass f	thre m
St Regist	ate	31. Date filed (Month, Day, Year)	07 June 1	ar's Signature	Carolal	6					
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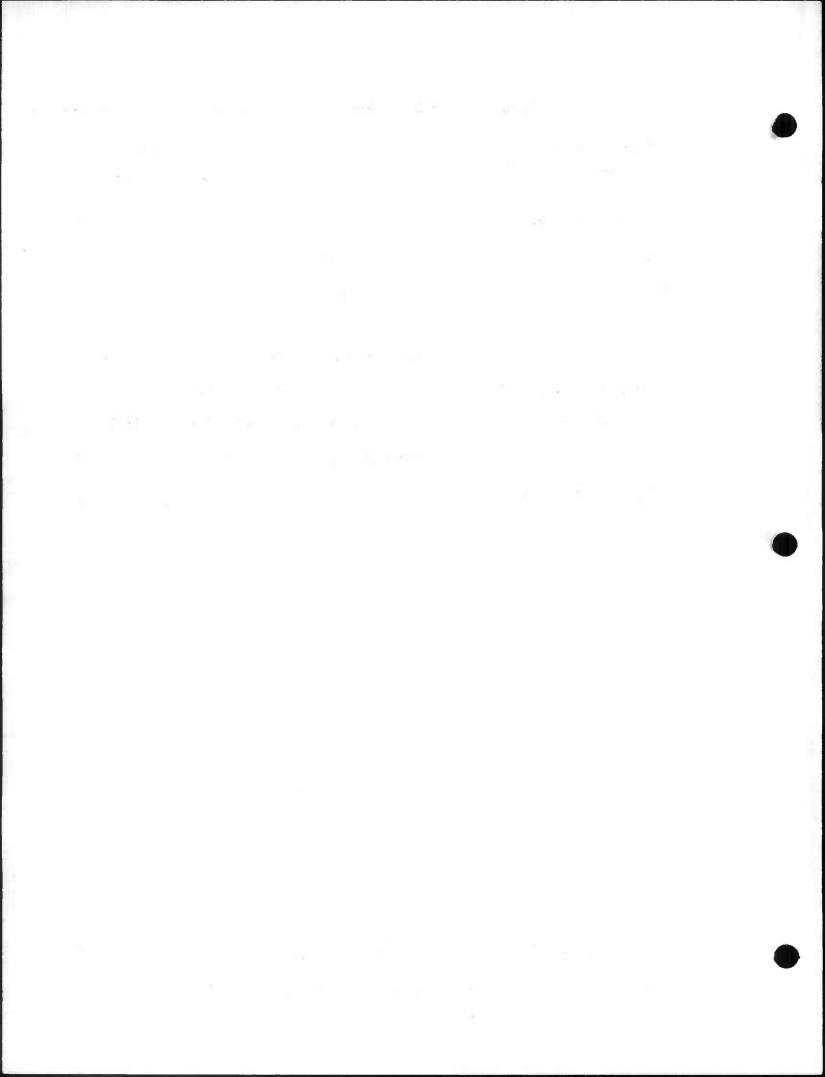
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middle Last) 2. Data of Death **Physician** 1900 JUNE 1991 WILMER BISHOP /Medical BOWEN 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** WICOMICO PENINSULA REGIONAL MEDICAL CENTER SALISBURY 5. Social Sacurity Number If Under 1 Year If Undar 24 Hrs. 6 Sax 7. Aga (In yrs. last birthday) **Funeral** 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foreign Country) 1⊠M 2□ F Months Days Hours Yrs. Director 218-16-8862 July 15,1925 Virginia Usual Residence of Dacedani the Maryland 10a. Stata 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Modical Examinant must be notified at 10d. Insida City Limits Director Maryland 1 ☐ Yes 2 ☑ No Wicomico Salisbury 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? with 28266 Riverside Dr., Extd. Funeral death 21801 USA 12. Was Decedant Ever in U,S. Armed Forces? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. filed within 72 hours after 1 X Yas 2 No If Yas, Giva Year or Datas: WW II 1 Nevar Married 2 X Married 21215-0020 1 ☐ Yas 2 X No Spacify: Completed by 3 ☐ Widowed 4 ☐ Divorced Specify: White 16a. Decedent's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education 16b. Kind of Business/Industry (Specify only highast grada complated) Elementary/Secondary (0-12) College (1-4or 5+) Hygiene. 6 Adjustor Insurance Baltimore, Maryland 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) Be Pages 1 and 2 should be finent of Health and Mental I int: If Item 27 Is marked of Wilmer Bishop Bowen Sr. Irene Freeman 19a. Informant's Name/Relationship (Typa, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) nt of Health a H Hem 27 Is or other tra Alice K. Bowen/Wife 28266 Riverside Dr., Extd., Salisbury, MD 21801 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cemetary, cramatory or other place) 20c. Location - City or Town, Stata Data 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from State Department of Important: If any injury or 4 ☐ Donation 5 ☐ Other (Spacify) Salisbury Crematory 6/5/97 Salisbury, MD 22. Nama and Addrass of Facility Holloway Funeral Home 501 Snow Hill Rd., Salisbury, MD 21804
Approximata
Interval Batween
Onsat and Death **Physician** /Medical Immadiata Cause (Final Orthivschooling cardivascular disease disaasa or condition rasulting in death) **Examiner** near estive The law requires that the death certificate be executed the burial-tran Sequantially list conditions, if any, leading to immadiata ceuse. Enter Undarlying Causa (Disaasa or Injury that Initiated evants rasulting in daath) Last Due to (or as a consequence of): mellity apriles Physician/Medical Due to (or as a consequence of) been signed by the atter should be detached for Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 | Yes 2 | No 3 | Probably 4 | Unknown Completed by 24b. Were autopsy findings available prior to complation of cause of daath? 24a. Was an autopsy performed? certificate has 2 1No 1 ☐ Yes 1 □ Yas 2 □ No Physician: director, 8 25. Was cesa rafarred to medicel axaminar? 26. Placa of Daath (Check only ona) ^oL Othar: 4 Nursing Homa 5 Residence 6 Othar (Specify) 1 Yas 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this funeral Certification: 27. Mannar of Daath 28a. Date of Injury (Month, Day Year) 28d. Dascribe how injury occurred 28b. Tima of 28c. Injury at Work? After Division Attending 5 Panding invastigation 1 Natural 1 Yes 2 No death. 2 Accidant or Attendation of the death Director: in by the 6 Could not be datarmined 3 Suicida 28e. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicida To the Hospital within 24 hours a To the Funeral C completely filled 29a. Certifiar 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated. Medical (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. 29c. Licansa number 29d. Date signed (Month, Day, Year) 5 Jones YP 30. Nama and address of person who complated cause of death (Item 23a) (Type, Print) SALISBURY 100 POWER ST. WENRICH 37 Registrar's Stonature State Registrar

DHMH 16 Rev 6/95

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ges 1 and 2 should t of Heelth and Mer If Item 27 is marks or other traumatic		20a. Mathod of Disposition					Data			- State	
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		4 ☐ Donation 5 ☐ Othar (Special	(y)	Parsons Cemetery				6/9/97 Salisbury, MD			
Department of important: If It any injury or one		21. Signature of Pyneral Service Licensee M0105/ 22. Nama and Addrass of Facility									
a		Holloway Funeral Home									
		501 Snow Hill Rd., Salisbury, MD 21804 23a. Part1. Enter the disease, or complications that crused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Interval Between Interval Between									
cian		shock, or haart failura. List only one cause on each line. Interval Between Onset and Death									
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ner		disease or condition resulting in death) Due to (or as a consequence of):									
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ctor,	Be	25. Was case refarred to medical axaminer?				26. Piaca of De	eath (Check only o	one)			
Physician: The this certificate ral director, pag	2	1 ☐ Yas 2 ☒ No	Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify))	
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5	100	3 Suicida 6 Could not be datarmined	28a. Placa of Injury - At home, farm, streat, factory, office building, etc. (Specify)			28f. Location (Street and Number or Rural Routa Number, City or Town, Stete)					
completely inted in by	e L	4 LI Homicide	building, etc. (Specify)					City of Town, Sterey			
	alc	29a. Cartifiar 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.									
	Medical Certification:	29a. Cartifilar (Check only one) 12 Certifying Physicfan: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of axaminetion and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated.									
		29b. Signature and title of certified 29c. License number					29d. Data signed (Month, Day, Year)				
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3		30. Nama and address of person who			/pe, Print)			once	8-9	17,	
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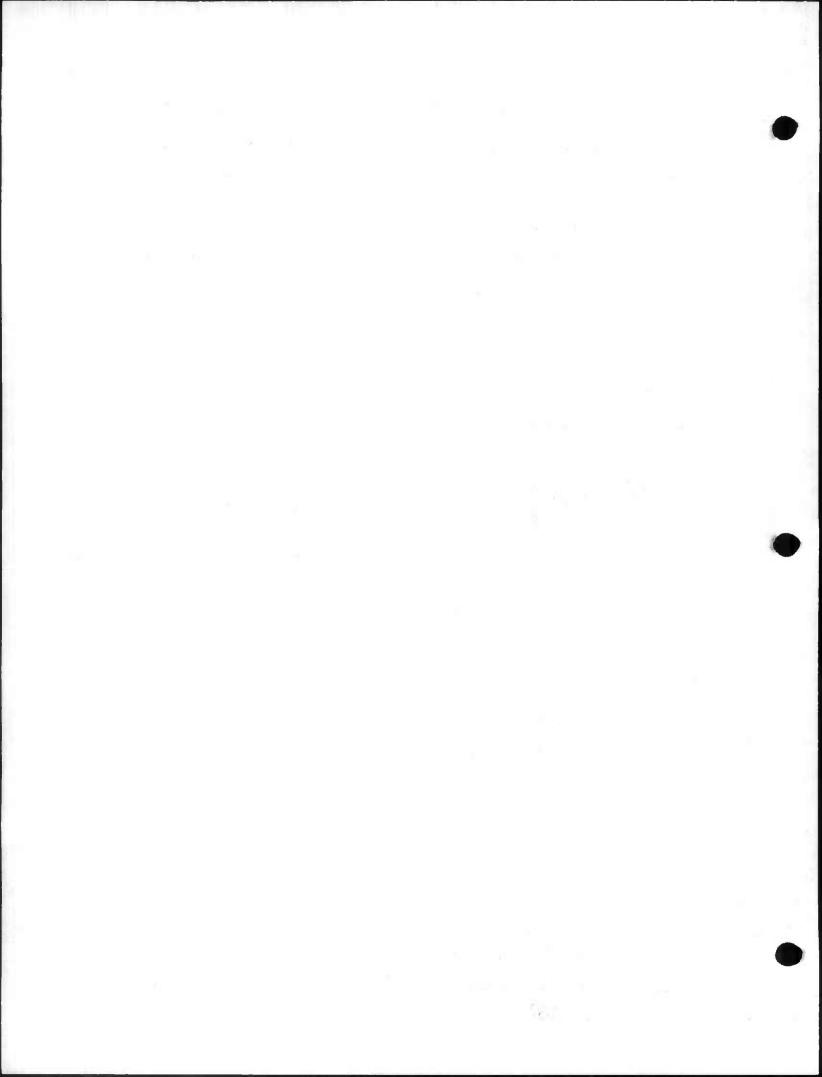


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physiclan** Month Carroll Aubrey Burdette May 1997 12:00 a.m. /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Frederick Memorial Hospital Frederick Frederick If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Dey, Yeer) 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 189M 2□F Months Yrs. 79 Director 219-12-0030 May 21,1918 Maryland Usual Residence of Decedent 10a. Sfete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examinar must be notitled at 1 Yes 2 No Director Maryland Montgomery Dickerson 10e. Street end Number 10f. Zip Code 10g. Citlzen of What Country? 25681 01d Hundred Road 20842 United States Funeral 12. Was Decadent Ever In U.S. Armed Forces? Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indien, Bieck, White, etc. should be filed within 72 hours efter of Mental Hygiene. marked other than "natural", or ite 1 ☐ Never Merried 2 ☑ Married 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 🖾 No by Specify. 3 ☐ Widowed 4 ☐ Divorced White Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 Farmer Farming . Peges 1 and 2 should be fill ment of Health and Mental Hight 2nt: If Itam 27 is marked oth 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Edgar L. Burdette Lucy Benson 19e. informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Peges 1 and 2 s Department of Health ar Important: if Itam 27 is any injury or other trau 25671 Old Hundred Road, Dickerson, Maryland 20842 ce of Disposition (Neme of Dete 200. Location - City or Town, State Joan Andrews/ Daughter 20e. Method of Disposition 20b. Plece of Disposition (Neme of cametery, cremetory or other pleca) 1 図 Burlel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Hyattstown Cemetery May 29,1997 | Hyattstown, Maryland. 21. Signeture of Funeral Servica Licansee 22. Name end Address of Fecility Olin L. Molesworth P. A. Funeral Home 23a. Paint. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart failure. List only one cause on each line. 20872 Approximete Intervel Between Onset end Deeth Physiclan /Medical Immediate Cause (Final Nellmon diseese or condition resulting in deeth) Examiner to (or es e consequence of) Examiner the bunel-transit The law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Diseese or injury that Initieted events resulting in deeth) Lest pue (or es e consequence of): ettending physiclan for use as the bune Box 68760 Physician/Medical Due to (or es e consequence of): P.O. | signed by the e Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? 1. Yes 2 No 3 Probably 4 Unknown Records, ò Be Completed 24b. Were eutopsy findings avelleble prior to 24a. Was en eutopsy performed? at arthuli completion of ceuse of death? page 2 s 1 Yes 2 No 1 ☐ Yes 2 ☐ No this certificate Division of Vital or Attending Physician: 25. Wes case referred to medical 26. Plece of Deeth (Check only one) exeminer? Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Certification: To within 24 hours after death.

To the Funeral Director: After this completely filled in by the funeral 27. Manper of Death 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending Investigation 14 Netural 1 Yes 2 No 2 Accident 6 Coutd not be determined 3 Suicide Location (Street end Number or Rurel Route Number, City or Town, Stete) Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end piece, end due to the ceuse(s) end menner as steted.

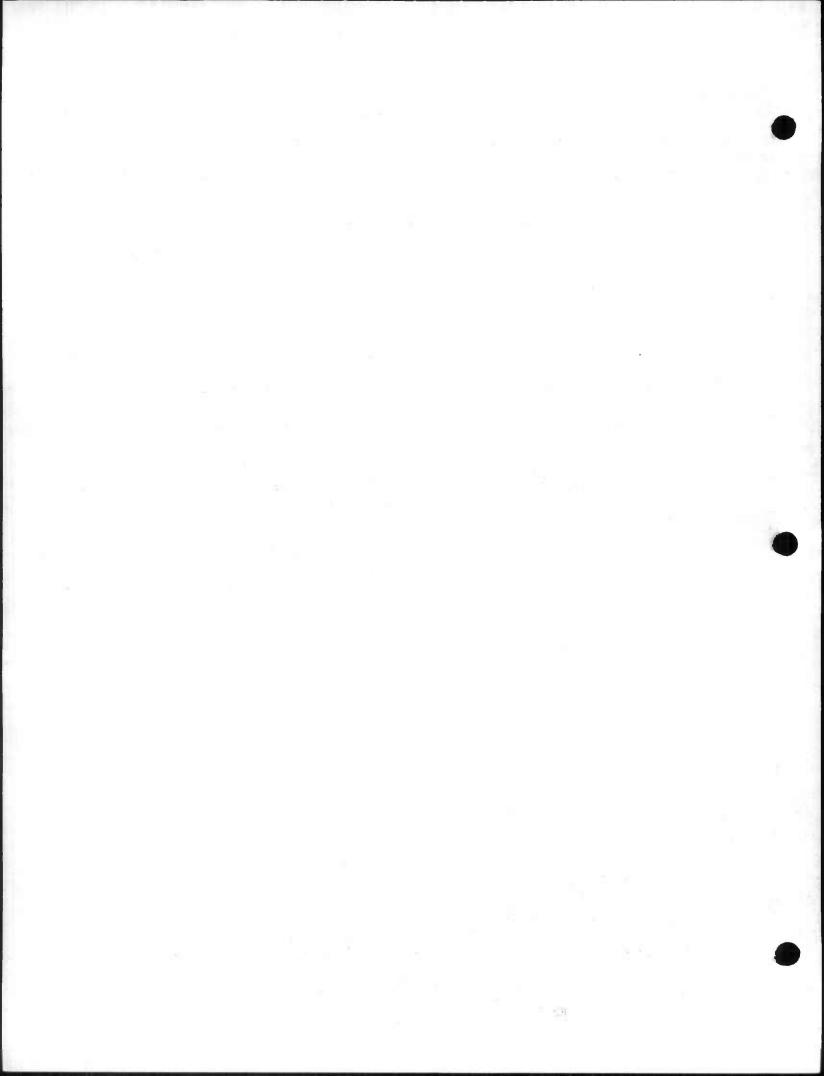
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end piece, end due to the ceuse(s) end menner stated. edical 29a. Certifier (Check only one) eg. 29b. Signature and title of p 29c. License number 29d. Dete aigned (Month, Dey, Year) 30. Name end eddress of person who completed cause 31. Dete filed (Month, Dey, Year) toeny on State MAY 2 8 1997 Registrar



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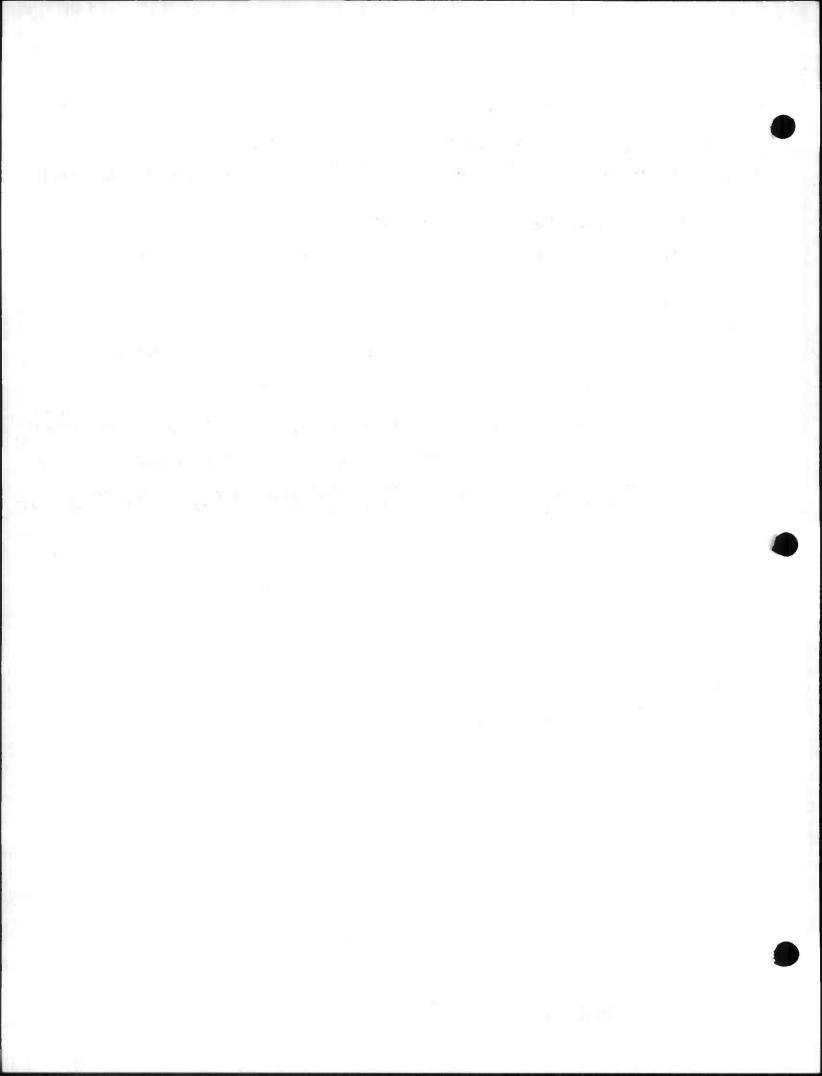
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aminer	4a. Facility Nama (If not institution, giva street and number)			4b. City, Town, or L		4c. County		
eral	WASHINGTON COUNTY HOSPITAL 5. Social Security Number 6. Sex 7. Age (In yrs. 4)	ast birthday	If Under 1 Year				ERICK 9. Birthol	
ctor	209-12-7256 1⊠ M 2□ F 86 Usual Residence of Decedent	Yrs.	Months Days	Hours Min.	8. Data of Birth (Month, Day NOV 2,	1910	PENN	aca (Stata or Form ny) ISYLVANI.
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Director	10e. Street and Number 16647 A SABILLASVILLE RD.		10f. Zip Code		,	Og. Citizen of W	hat Count	297
iner must	11. Marital Status 12. Was Decedent Ever in U.5	13	21780 Was Decedent of h	Hinnanie Origin? /Se	sacily Van or No-	USA 14 Bace	- America	in Indian
itical Examiner must be notified at sted by Funeral Director	1 Never Married Married 1		If Yes, specify Cub 1 ☐ Yes 2 No	Hispanic Origin? (Sp an, Mexican, Puerto Specify:	Rican, etc.)		k, White, e	
ted ted	15. Decedent's Education	16a. Dece	dent's Usual Occup	pation	Mark and a second	16b. Kind of Bu	siness/Ind	ustry
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t, the Ms Compl	7	FAR	MER			MD. ST		OVT.
Be ve	17. Father's Name (First, Middle, Last)			18. Mother's Nam			100	
To To	SAMUEL PHILLIPY BITTNER			CLARA	ALICE	GARM		and a
tract	19a. Informant's Name/Relationship (Type, Print)		in an address.	and Number or Ru		- THE R. P. LEWIS CO., LANSING		
other	LOUISE M. BITTNER 20a. Method of Disposition 20b. Pi	ace of Dispo	osition (Name of	LLASVILLE		ABILLAS'		
7 04	1 XBurial 2 ☐ Cremation 3 ☐ Removal from State Ce	imetery, crei	matory or other pla DGE CEMET		5/29/97		52 (405-704)	
injury 8	4 Donation 5 Other (Specify) BL	-			Control of the contro			
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	23a PSH Enter the disease or complications that caused the death			N ST., TE				Annonimate
diam'	23a Part . Enter the disease, or complications that caused the death shock, or heart failure. List only one cause on each line.					227		Approximate Interval Betwee Onset and Dea
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atio	1 ⊠Natural 5 ☐ Pending (Month, Day Year) 2 ☐ Accident investigation	Injury		IYes 2□No				
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MAY 2 8 1997



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hyoiene

Nh l l .		1. Decedent's Name (First, Mic	ldle, Last)						2. Date of D Month		Van-	3. Time of Death
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Examine	r	4e. Fecility Name (If not Institut	ion, give street er	nd number)				4b. City, Town, o	Location of Dea	th 4c. County	of Deeth	
	4	SHADY GROVE 5. Social Security Number	ADVENTI:	- T		Maria Maria	der 1 Year	ROCKV.			OMERY	
uneral : rector		219-54-6269 Usuel Residence of Decedent	1 □ M 2		yrs. last birth	rs. Month			1. (Month, D	2, 1907		ce (Stete or Fore y) Virgini:
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S S S	0	17. Father's Name (First, Middle Roy Coontz	e, Last)					18. Mother's No		e, Maiden Sumen water	ne)	
reumetic ev		19e. Informant's Name/Reletion	nship (Type, Prin	t)	19b.	Mailing Addre	ess (Street	t end Number or I	Rural Route Num	ber, City or Town,	Stete, Zip C	Code) 2175%
Important: If Item 27 Is marke any Injury or other treumatic ance.	- 4	Charles W. Bo 20a. Method of Disposition 1 5 Burial 2 Cremation 4 Donation 5 Other	n 3 □Removai	from State	Ob. Placa of Cometery	Disposition (/ r, cremetory o	Name of or other ple		Date	20c. Location Damas	City or Tow	
Important: any injury once.		21. Signature of Funeral Service	Licensee /	1		22. Name	end Addre	ess of Facility				
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State of Maryland / Department of Health and Mental Hygiene

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Physician /Medical		1. Decedent's Name (File	_	mos	Andre	W	BAYLES		June 1	Day	Yeer	11:58	
xaminer	_	te. Fecility Neme (If not i		ive street and num rick Mem		Hospita]		4b. City, Town, o	Location of Deat		y of Death	ick	
uneral rector		5. Social Security Number 214–10–242	6. 9			last birthday) Yrs.	if Under 1 Yeer Months Days		s. 8. Date of Bir (Month, Da		9. Birth	plece (State on ntry) Virgin	or Foreign
19			County Frede	ri ck	10c. C	ity, Town or Loca	tion Freder	ri ok				10d. inside Ci	ity Limits
Director		10e. Street and Number		West 11t	h Stre	et	10f. Zip Code		1701	10g. Citizen of	What Cou	1 🛮 Yes	2 ∐ No
Examiner must be notified at by Funeral Director		I1. Marital Status 1 □ Never Married 2 3 □ Widowed 4 □ □		12. Was Dace Armed For 1 X Yes If Yes, Giv Yeer or Da	ces?		as Decedent of H 'es, specify Cub	dispanic Origin? (an, Mexican, Pue	Specify Yes or No rto Rican, etc.)		ce - Ameri	can Indian,	
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Completed by P	-								24a. Was	an autopsy rmed?	av	ere autopsy fi ailable prior to impletion of co death?	0
									10	-	11	☐Yes 2☐	No
To Be		25. Wes case referred to examiner? 1 ☐ Yes 2 ☐ No	medical	Hospital:	patient 2	ER/Outpatient	3□ DOA Oth	OF:	eath <i>(Check</i> on <i>ly</i> of Home 5 Resi	4	ner (Sneci	(v)	
funera flon:		2 Accident	Pending investigation Could not be determined	28e. Place	of Injury - At h	28b. Time of Injury			28d. Describe	now injury occur	rred		ber,
completely filled in by the	2	9a. Certifier 13 C	ertifying Pi	nysician: To the b	sis of examina	owladge, death o	ocurred at the tin	ne, data and place	e, and due to the urred at the time,	cause(s) and m	annar as s	tated.)
Med	2	9b. Signature and tills of	X	and mann	ar stated.	Del	29c. Licens D07186	e number		29d. Date signe June 13	d (Month,	Dey. Yeer)	
	3	0. Name and address of		completed cause	of death (Iter	n 23a) (Type, Pri	nt)						
	1	Philip Sha		37 5) a /								

State of Maryland / Department of Health and Mental Hygiene

	Physician /Medicai Examiner
V	_c Funeral Director

Physician /Medical Examiner

Baltimore, Maryland 21215-0020

the buriel-transit pue P.O. Box 68760, attending physician for use as the burie signed by the a Division of Vital Records, page 2 this funeral Aftar effer death.

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death June 11, Day 1997 Yaar 7:45 AM Beatrice Merlyn BUCKLEY 4a. Facility Nama (If not Institution, giva straat and numbar) 4b. City, Town, or Location of Daath 4c. County of Death Frederick Memorial Hospital Frederick Frederick If Undar 1 Yaar | if Undar 24 Hrs. 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) 8. Data of Birth (Month, Day, Year) 1 ☐ M 2 🗓 F Months Days Hours Yrs. Nov. 12, 1905 West Virginia 235-72-4146 the Maryland 10a. Stata 10b. County 10c. City. Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Modical Examiner must be notified at 1 Nas 2 No Maryland Frederick Frederick Directo 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? U.S.A. 21701 31 West Patrick Street Funeral deeth 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva ☑ Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Rican, atc.) 14. Raca - American Indian, Black, Whita, atc. 11. Maritai Status permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: If Item 27 Ia marked other than "natural", or item any injury or other traumatic event, the Modical Evant 1 Navar Marriad 2 Marriad 1 ☐ Yas XX No Specify: þ Specify: White 3 Widowad 4 □ Divorced Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) Collega (1-4or 5+) Homemaker Own Home 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middla, Maldan Sumama) Be THOMPSON William GARRETT Mayme 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) P.O. Box 237, Buckeystown, Maryland 21717 Mrs. Barbara Jorgensen, Daughter 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other placa) Data 20c. Location - City or Town, Stata 1X Burial 2 Cramation 3 Ramoval from Stata Curningham Memorial Park, June 14, 1997 St. Albans, West Va. 4 ☐ Donation 5 ☐ Othar (Spacify) 21. Signature of Funaral Sarvice Licen 22. Nama and Addrass of Facility Keeney and Basford P.A. Funeral Home MOU255 106 East Church St., Frederick, Md.

23a. Part1. Enter the disease, or complications the caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. 21701 Approximata Intarval Batwaan Onsat and Death Immediate Causa (Final disaasa or condition rasulting in deeth) 2 Wks Cerebrovascular Accident Dua to (or es e consaguance of). Examiner Hospital or Attending Physician: The law requires thet the deeth certificeta be axecuted Sequantially list conditions, if any, leeding to Immadiata ceusa. Enter Underlying Cause (Diseasa or Injury that initiated avents rasulting in daath) Last Dua to (or as a consequence of): Physician/Medical Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown Carcinoma of the Breast þ 24b. Wara eutopsy findings availabla prior to complation of ceusa of daeth? Completed 24a. Was an autopsy performed? Carcinoma of the Colon 1 Yas 2 No 1 ☐ Yas 2 ☐ No 25. Wes cesa rafarred to medicel axaminar? Be 26. Place of Death (Check only ona) Hospital: 1 X Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) Certification: To 1 ☐ Yes 2 X No 27. Mannar of Death 28d. Dascribe how injury occurred 28b. Tima of 28e. Data of Injury (Month, Day Year) 28c. Injury at Work? 1 Natural 5 Panding 2 Accidant Invastigation 1 Yas 2 No 6 Couid not ba datarminad 3 Sulcida 28a. Placa of Injury - At homa, farm, streat, factory, offica building, atc. (Spacify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) completaly filled in by 4 Homicida 24 hours 29a. Certifiar tix Certifying Phyalcian: To the best of my knowledge, death occurred et the time, deta and place, and due to the ceuse(s) end manner as stated. Medical (Check only one) 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. within 2 ŝ 29b. Signatura and titla of certifiar 29c. Licansa numbar 29d. Data signed (Month, Day, Year) June 11, 1997 np 30. Nama and address of person who completed causa of death (Itam 23a) (Type, Print) 300 West Ninth Street, Frederick, Maryland 21701 Dr. Francis E. Becker, MD 32. Registrar's Signatura

32. Registrar's Signatura

Aurolan-Randelle 31. Data filad (Month, Day, Yaar) State

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Daath 3 Time of Death **Physician** Month Year 4, Carrie Mae Bell June 1997 2:30 p.m. /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner 4c. County of Death Washington Adventist HOspital Takoma Park Montgomery tf Undar 24 Hrs. 8. Data of Birth (Month, Day, Dec. 25, 7. Age (In yrs. last birthday) if Under 1 Yaar 9. Birthplace (State or Foreign Country)
South Carolina **Funeral** 1 M 2 F Months Days 249-04-2969 44 Yrs. Director Usual Rasidence of Decedent with the Maryland 10a. State 10b County natural, or itams 23s or 28s-f show oficial Examiner must be notified at 10c. City, Town or Location 10d. Insida City Limits 1 Yas 2 No Director Prince Georges Hyattsville 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 5813 Maryhurst Drive 20782 permit. Pages 1 and 2 should be filed within 72 hours effer death v Department of Health and Mental Hygiene. Important: If Item 27 is merked other than "natural", or Items 23s any Injury or other traumstic event, the Medical Examinet must appear. USA Funeral 12. Was Dacedent Ever in U,S. Armed Forcas? 11. Maritai Status Was Dacedent of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Maxican, Puerto Rican, atc.) Raca - American Indian, Black, White, atc. 1 Nevar Married 2 Married 1 ☐ Yes 2 ☐ No if Yes, Giva X Baltimore, Maryland 21215-0020 1 Yes 2 No Specify Completed by Specify: 3 ☐ Widowed 4 ☐ Divorced Black Yaar or Datas: 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) Coilege (1-4or 5+) Sales Person Department Store 17. Father's Nama (First, Middle, Last) 18. Mother's Nama (First, Middle, Maiden Sumame) Be Nathaniel McElveen Flossie Frieson ပ 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Harvey Bell 5813 Maryhurst Drive Hyattsville, Md. 20782 20a. Method of Disposition 20b. Place of Disposition (Nama of cemetery, crematory or other place) 20c. Location - City or Town, State 1 DEBuriai 2 Cremation 3 Ramoval from Stata Ft. Lincoln Cemetery 6-7-97 4 ☐ Donation 5 ☐ Other (Specify) Brentwood, Md. 21. Signature of Funeral Sarvica Licensee 22. Name and Address of Facility Marshall's Funeral Home mauha 23a. Par Entar the diseasa, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart failura. List only ona causa on each lina. Washington, D.C. 20011 Approximata Interval Batween Onset and Death Physician /Medical Immediata Cause (Final disaase or condition resulting in death) Massive intracerebral hemorrhage Examiner One day Due to (or as a consequence of): Examiner Hypertension Ten years The lew requires that the death certificate be executed for usa as the buriel-trans Sequentially list conditions, if any, leading to Immadiate ceuse. Enter Underlying Cause (Disease or injury that Initiated evants resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Chronic renal failure Two years Physician/Medical Dua to (or as a consequence of): Non-insulin dependent diabetes Ten years be detached Part it. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 4 yd bengis 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings available prior to completion of ceuse of death? Completed 24a. Was an autopsy performed? peen certificate hes 1 Yas 2 1 No 1 Yes 2 No or Attending Physician: effer death. Be 25. Was case referred to medical 26. Place of Death (Check only one) P 1 Yas 2 No Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Inpatiant 2 □ ER/Outpatient 3 □ DOA s efter death.

I Director: After this od in by the funeral d After this Certification: 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Dascribe how Injury occurred 1 Natural 5 Panding invastigation 1 Yas 2 No 2 Accident 6 Could not ba determined 3 Sulcide 28e. Place of Injury - At home, farm, straet, factory, office building, etc. (Specify) Location (Straet and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital o within 24 hours of To the Funeral DI 1 Certifying Physician: To the best of my knowledga, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and manner stated. 29a. Certifier Medical (Check only one) 29b. Signature and title of certifle 29c. License number 29d. Date signed (Month, Day, Year) ATTENDING D-43869 PAYSICIAN 30. Name and address of person who complated ceuse of daath (Item 23a) (Type, Print) Nelson L. Lui, M.D. 11908 Darnestown Road, Suite D, North Potomac, MD 20878 32. Registrar's Signature 31. Date filed (Month, Day, Year) State ale Dave or Ra JUN 10 1997 Registrar

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1 Decedent's Name (First Middle Last) 2. Dete of Deeth 3. Time of Death **Physician** Month 02:22 PM BAIN MICHAEL WILLIAM 1997 JUNE 09 /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Deeth Examiner 4006 BOTH MOUNT RAINIER PRINCE GEORGES STREET | H Under 1 Year | If Under 24 Hrs. 8. Dete of Birth Months | Days | Hours | Min. | Oct. 24, 1 5. Social Security Number Birthplace (State or Foreign Country) 7. Age (In yrs. lest birthdey) **Funeral** 1⊠M 2□ F Months 578-72-4398 Vre **Director** 45 Washington, DC Usual Residence of Decedent the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23e or 28e-f sho traumatic event, the Modical Examinat must be notified at 1 X Yas 2 □ No Maryland Prince George's Mount Rainier Direct 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 4006 30th Street 20712 U.S.A. death Funeral 12. Was Dacedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Black, Whita, etc. filed within 72 hours after 1 ☐ Navar Married 2 Married 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Specify: White 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) Handyman Self-Employed permit. Peges 1 and 2 should be file Department of Heelth end Mental Hyr Important: If Itam 27 is merked othe any injury or other traumatic event, ODG. 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Albert C. Bain Grace M. Browne 19e. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Patricia A. Bain - Wife 923 Park Hill Road, Laurel, Maryland 20707 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, Stata 1 Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Fort Lincoln Cemtery 06/13/97 Brentwood, Maryland 22. Name and Address of Fegility
Francis Gasch's Sons Funeral Home, P.A. 21. Signeture of Funeral Service Licenses dette J. -4739 Baltimore Avenue, Hyattsville, MD 20781 23a. Part1. Enter the diseasa, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart failure. List only one causa on each line. Approximete Interval Between Onset and Deeth **Physician** /Medical Immadiate Ceuse (Final SHOT GUN WOUND TO CHEST. disaase or condition resulting in death) Examiner Due to (or es e consequence of): Examiner physician end the burial-tren Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseasa or injury Due to (or as a consequence of) Physician/Medical thet initieted events resulting in deeth) Lest Due to (or as a consequence of) 80 esn for P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 | Yee 2 | No 3 | Probably 4 Unknown by 24b. Were eutopsy findings available prior to completion of ceuse of deeth? 24a. Was en eutopsy parformed? Completed been 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital 25. Wes cese referred to medical axaminer? 26. Plece of Deeth (Check only one)
Other: 4 \(\text{Nursing Home} \) 15 \(\text{Residence} \) 16 \(\text{Other} \) 17 \(\text{Other} \) 17 \(\text{Specify} \) axaminer? Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral 28d. Describe how injury occurred
SUBJECT SHOT SELF 27. Manner of Deeth Certification: 28a. Date of Injury (Month, Dev Year) 28b. Time of 28c. Injury et Work? 02:22 PM 1 Netural 5 Pending death. 1 Yas 2 No Investigation 2 Accident 06-09-97 or Attendefer death 3 Suicide 4 ☐ Homicide 6 Could not ba 28a. Place of Injury - At homa, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) BACKYARD OF RESIDENCE 4006 30TH ST, MOUNT RAINIER, MD 24 hours 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end place, end due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date and place, and due to the causa(s) and manner stated. Medicai 29a. Certifie (Check only one) To the I 29c. License number

PEPUTY MENCAL EXAMINER 29d. Date signed (Month, Day, Year) D 33954 JUNE 10, 19197 1 eted cause of death (Item 23e) (Type, Print) 30. Neme and address of person who 3001 HOSPITAL DRIVE, CHEVERLY, MAKYLAND 20785 MAKIO MD 31. Dete filed (Month, Day, Year) 32. Registrar's Signature State Registrar

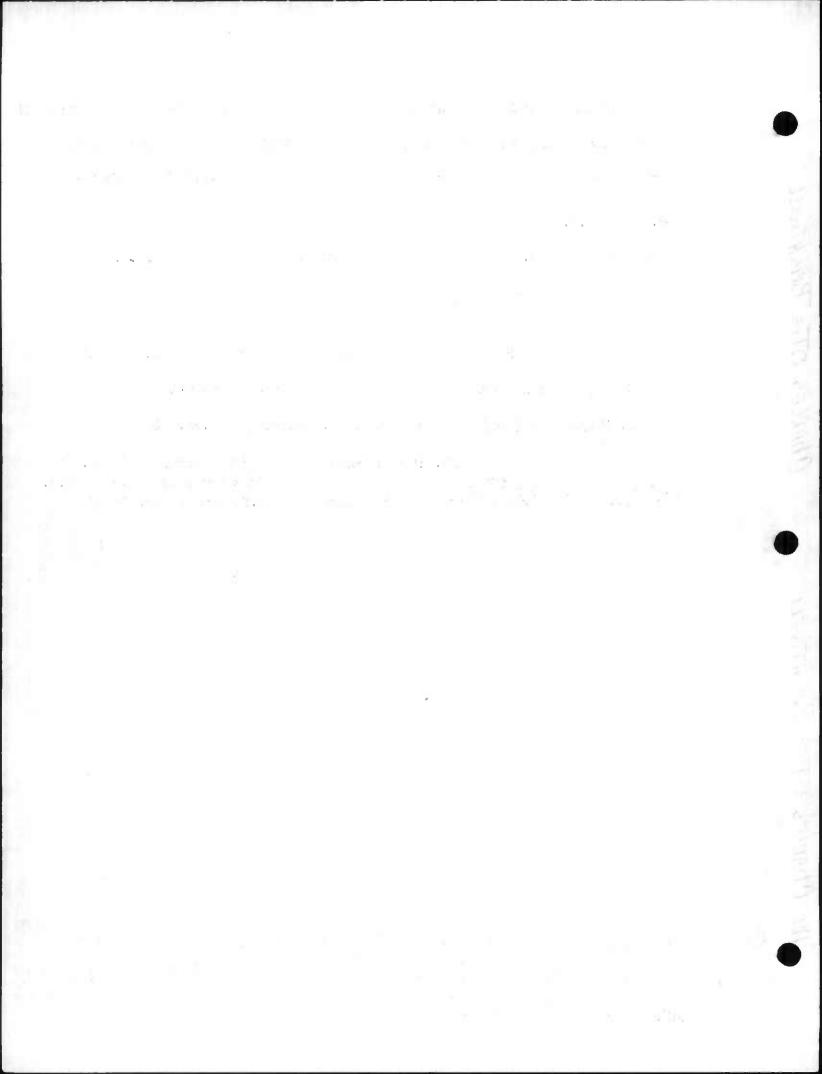
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State of Maryland / Department of Health and Mental Hygiene 97 19206

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Maryland 21215-0020 to 2 should be filed within 72 hours at the and Mental Hygiene. 27 Is married other than "naturs!", or traumatic event, the Medical Exami		19a. Informent's Ne	eme/Ralationshi	p (Type, Print)		19b. M	ailing Addrass (S	traat a	and Number or	Rural Routa Nu	mber, City	or Town,	Stata, Zip	Coda)
NE, Maryland 21215-0020 s 1 and 2 should be filed within 72 hours after death with the Marylar f Health and Mental Hygiene. then 27 is marked other than "natural", or items 23s or 28e-f show other traumstic event, the Madical Examiner must be notified at		Sylvia E	. Lyons	- Daugh			7 Redwood			LaPlat	a, Ma	ary1a	and 2	0646
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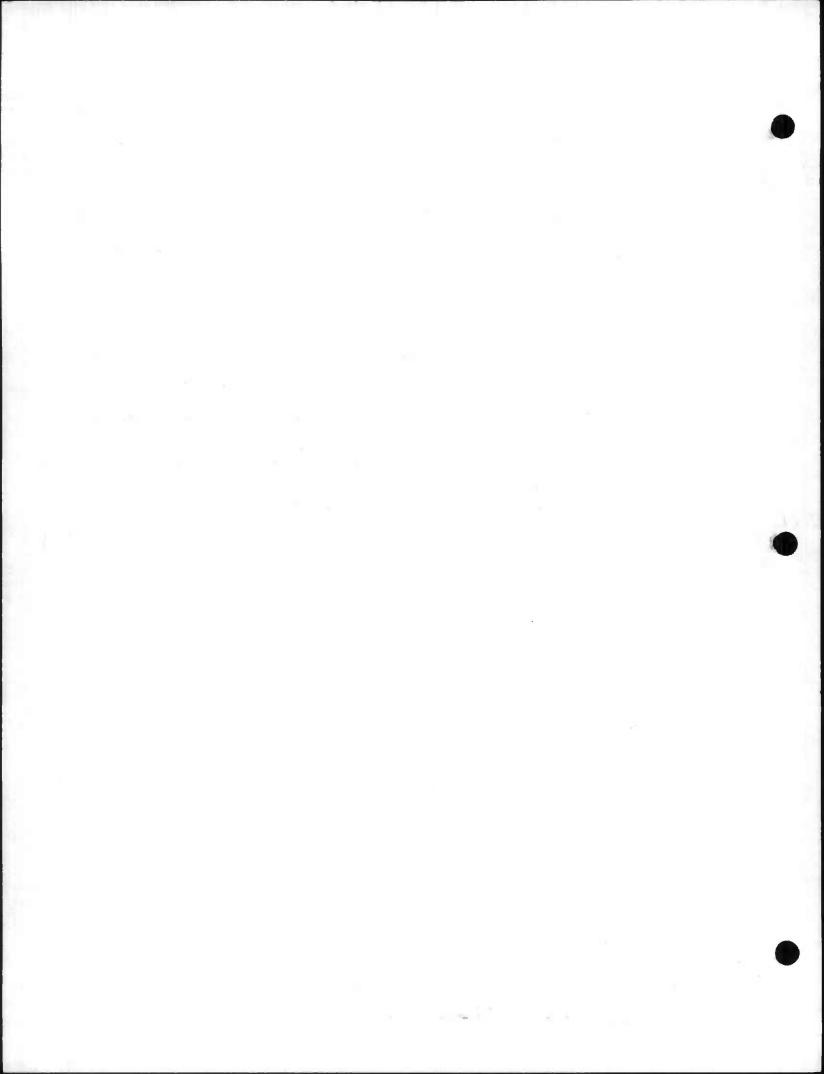
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State of Maryland / Department of Health and Mental Hygiene 97 19208

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Physician	_	Decedent's Name (First, Middle, La	·					1	2. Date of Dea Month	Dav	Year	3. Time of Death	
/Medical	ı,	Grace	J.		Bowde	n			June	5	1997	7:35 P.M	
Examiner	r	4a. Facility Name (If not institution, given Doctors Commun					Lanha	m	ocation of Death	Prince	e Geo	0	
Funerai Director			Sex 1□M 2□F	Age (In yrs. las 92	t birthday) Yrs.	Montha Day		24 Hrs. Min.	8. Date of Birt (Month, Day Feb. 2.	7 (1905	9. Birthp Cour New	olaca <i>(State or Foreigny)</i> Hampshire	
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h with	2	3909 New Haven C	ourt			20	0716		United			tes	
within 72 hours effer deeth with the Meryland liene. than "netural", or items 23e or 28e4 show the Meoical Examiner must be notified a completed by Funeral Director		11. Meritel Status 1 ☐ Never Merried 2 ☐ Married 3€3Vidowed 4 ☐ Divorced	12. Wes Deceder Armed Force 1 Tyes 28 II Yea, Give Year or Detes	s? Mio		Was Decedent of Yes, specify Co	iben, Mexice	n, Puerto	ecify Yes or No- Ricen, etc.)		ce - Americ ck, White,		
2 hou	2	15. Decedant's E	ducation		16a. Dece	dent's Usual Occ	upation			16b. Kind of B			
	2	(Specify only highest gra Elementary/Secondary (0-12)	ade complated) College (1-40	or 5+)	(Give	kind of work dor DO NOT use reti	e during mos red)	st of work	ing				
Hygiene. Ither than ent, fra	5	12			Sale	S				Hecht	Compa	ny	
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Department of Heelth Important: If Item 27 any injury or other tr		20e. Mathod of Disposition 1 Burial 2 Cremation 3 4 Donation 5 Other (Specia	Removel from State	20b. Plac cem	etery, crei	esition (Name of matory or other p				20c. Location		own, State	
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this call direction		1 ☐ Yes 2 ☑ No	Hospital: 1 Pinpa		VOutpetier	" SEL DON			me 5 Resid	-		y)	
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n 24 hou he Funer pletely fil		29a. Certifier (Check only one) 1 ☑ Certifying Ph	nyalcian: To the best niner: On the basis and manner	ol examination	edga, death n and/or in	n occurred at the vestigation, in my	time, date ar opinion, des	nd place, ath occurr	and due to the ored at the time, or	cause(s) and mi date and placa,	annar as s and due to	tated. the cause(a)	
withi Com	-	29b. Signature end title of certifier Rant Fall	- n.o.			29c. Lice	D434	46		29d. Date signe	6.9		
3/			HIFAR	M.O.	400	. Mite	heke i	ile v	road B	ad B216 BOWIE MD			
State Registrar		31. Date filed (Month, Day, Year) JUN 09 193	32 Regis	strar's Signatur	Rarbal	l							



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Year Herbert C. Beall 4:30 A.M. 5 June 1997 /Medical 4a. Facility Nama (If not Institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** 2411 Mitchellville Road Mitchellville Prince George's If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Aga (In yrs. last birthday) 58 Yrs. If Undar 1 Year Birthplace (State or Foreign Country) **Funeral** 1 M 2 □ F Days Director 215 36 3707 June 5,1939 Maryland Usual Residence of Decedent the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits pernit. Peges 1 end 2 should be filed within 72 hours efter death with the Maryla Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, in Medical Exercises from the coffed at once. Prince George's ★ Yas 2 No Maryland Mitchellville Directo 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 2411 Mitchellville Rd. 20716 United States Funerai 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) Race - American Indian, Black, White, etc. 11. Marital Status Yes 2□ No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: þ 3 ☐ Widowed 4 ☐ Divorced White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Mechanic Heavy Equipment 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maidan Sumama) Herbert C. Beall Lucy Carrick 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Coda) Virginia I. Beall 2411 Mitchellville Rd. Mitchellville Maryland 20716 Wife 20b. Place of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stata Burial 2 Cremation 3 Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Lakemont Memorial Gardens June 7,1997 Davidsonville Md. 21. Signature of Funeral Service Licensea 22. Name and Address of Fecility Robert E. Evans Funeral Home, Inc. 16000 Annapolis Rd. Bowie Md. 20715 23a. Part i. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** Myocardial infarction /Medical Immediate Cause (Final disease or condition resulting in death) **Examiner** Examiner artry physician and s the burial-transit Due to (or as a consequence of) Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last Hy pertension Division of Vital Records, P.O. Box 68760 Physician/Medical Due to (or as a consequence of): Se esn been signed by the attending should be detached for use es 23b. Did tobecco use contribute to the cause of death? Part II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings available prior to Completed 24a. Was an autopsy completion of cause of death? 1 Yes 2 No 1 Yas 2 No certificate director, 25. Wes case referred to medical Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Hesidenca 8 Other (Specify) 1 Yes 2 No ပ 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral 28a. Date of Injury (Month, Day Year) 27. Manney of Death 28c. Injury at Work? 28d. Describe how injury occurred Certification: 28b. Time of After 5 Pending Invastigation 1 Natural i or Attendin efter death. Director: Aft 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicida 28f. Location (Street end Number or Rural Route Number, City or Town, Steta) Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide completaly filled 24 hours Hospital 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as ststed.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date end placa, and due to the cause(s) and manner stated. 29a. Certifier Medicai (Check only one) To the within 2 29b. Signature and title of cartifier 29d. Date signed (Month, Day, Year) 29c. License number D43446 it Falm H.D. 30. Name end address of person who completed cause of deeth (Item 23a) (Type, Print) ROINTAN FAR 4000 Mitchelle ville mad B216 BowiE MD 20716 31. Dete filed (Month, Day, Year) State JUN 09 199 Registrar

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First Middle Last) 2. Date of Death **Physician** Month NORMAN **BROWN** JUNE 04 1997 04:44AM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY If Under 1 Yaar If Under 24 Hrs.
Months Days Hours Min. 5. Social Security Number 7. Aga (In yrs. last birthday) Data of Birth (Month, Day, Year) Birthplece (State or Foreign Country) **Funeral** Months Days 1 M 2 □ F Yrs 120-26-1216 Director 62 03-21-35 Washington DC Usuai Rasidence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Madical Examinar must be notified at Maryland Prince George's New Carrollton Director 1 XYas 2 No 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? 7408 Leahy Road 20784 IISA Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puerto Rican, atc.) 11. Maritai Status 14. Race - American Indian, Black, White, atc. 72 hours after 1 ☐ Yes 2 🔀 No If Yes, Give Yaar or Datas: 1 Never Married 2 □XMarried "natural", or Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: Black þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grada completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry al Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) Private Dental Technician 12th permit. Pages 1 and 2 should be file Department of Health and Mental Hy, Important: If Itam 27 is marked oths any Injury or other traumatic event 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Fendie E. Brown Louise V. Hill 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Straet and Number or Rural Route Number, City or Town, State, Zip Code) Greta Brown/Wife 7408 Leahy Road, New Carrollton, MD 20784 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 XBurial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Harmony Memorial Park 6/10/97 Landover, Maryland 21. Signature of Funeral Servica Licenses 22. Nama and Address of Facility J.B. Jenkins Funeral Home Percentre Nam 7474 Landover Road, Landover, MD 20785 Approximate Interval Between Onset and Death 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one ceuse on each line. Physician /Medical Immediate Cause (Final disease or condition resulting In death) & INTERSTITIAL PULMONARY FIBROSIS Examiner TWO YEARS Due to (or es e consequenca of): physician and s the burial-transit certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting In death) Lest Due to (or as a consequence of) Box 68760. Physician/Medical Due to (or as a consequence of): 980 for Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 M Unknown RENAL TRANSPLANT à 24b. Were autopsy findings available prior to completion of causa of deeth? 24a. Wes en eutopsy performed? Completed page 2 1 Yes 2 No 1 Yes 2 No Division of Vital Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No Certification: To 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Deeth 28b. Time of 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how injury occurred 1 Natural 2 Accident 5 Pending 1 ☐ Yes 2 ☐ No Investigation 6 Could not be determined 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 2 4 D Homicide 124 hours a t Certifying Phyafcian: To the best of my knowledge, death occurred at tha time, date and piace, and due to the causa(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) To the To the I 29b. Signature and title of certifian 29c. License number 29d. Date signed (Month, Day, Year) Trystn R. Vagner, MD RE3-000 JUNE (30). Name and address of person who completed cause of death (Item 23a) (Type, Print) 600 North Worke St JUNE 04 Johns Hopkins Hospital, Baltimore 21287

State Registrar

Krystn R. Wagner
31. Date filed (Month, Day, Year) 32

JUN 09 1997

32 Registrar's Signature

Nation 25 82

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth UNE OYLE 4e. Fecility Neme (If not institution, give street and number) scation of Deeth Loca douthern 5. Social Security Number 9. Birthpiece (State or Foreign Country) Age (In yrs. last birth Dete of Birth (Month, Day, Year) Deys Min 1□ M 2XF 228-50-0006 55 Yrs. Virginia 04 - 15 - 42Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1⊠Yes 2□No Maryland Prince George's Clinton 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 9912 Raintree Way 20735 U.S.A. 11. Meritel Stetus 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Reca - American Indien, Bieck, White, etc. 1 ☐ Never Married 2 ☐ Merried 1 ☐ Yes 21 No If Yes, Give Year or Detes: Specify: Black 1 ☐ Yes 2 No Specify: 3 ☐ Widowed 410 Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry ring most of working Elementery/Secondery (0-12) Coilege (1-4or 5+) Keypunch Operator Private 12th 18. Mother's Neme (First, Middle, Meiden Surname) 17. Father's Neme (First, Middle, Last) Lenear George Graves Lela Allen M. 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 181-36th St, NE, #2 Washington, D.C. 20019 Lela M. Jones/Mother 20b. Plece of Disposition (Name of cometery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1X Buriei 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Harmony Memorial Park6/9/97 Landover, Maryland 21. Signeture of Funerei Service Licenseg 22. Neme end Address of Fecility J.B. Jenkins Funeral Home Percentre 7474 Landover, Rd Landover, MD 20785 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximeta Interval Between Onset and Death

Physician /Medical Examiner

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Division of Vital Records, P.O. Box 68760

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Baltimore, Maryland 21215-0020

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29c. License number

29d. Dete signed (Month, Day, Year)

To the Hospital of within 24 hours a To the Funeral D Med

or Attendation of the death

State Registrar

700 Old Live 31. Dete filed (Month, Dey, Year)

30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

29b. Signeture end title of certifie

JUN 09 1997

32 Registrar's Signeture A Streetson

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene O

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Physician/M	F	Part II. Other significant condit	tions conf	tributing to dea	ath but not ra	sulting in the un	dariying causa gi	van in Part I.	23b. Did	tobacco use co	ntributa to t	he cause of death?
by Ph		Atheroscleroti	c ca	rdiova	scular	diseas	e		10	Yes 2 No	3 Proba	bly 4 Unknown
Completed		Cardio Pulmona	ry f	ailure			. 1		24a. Was perfo	an autopsy ormed?	avaii	a autopsy findings abia prior to plation of cause eath?
		DE Management and the second							10	Λ	10	Yas 2□ No
To Be		25. Wes casa raferred to medic exeminar? 1 ☐ Yas 2 ☑ No		ospital:	nationt 2] ER/Outpatient	3□ DOA Oth	-12	ath <i>(Check</i> only doma 517) Resi		as (Canaih)	
		27. Manner of Death 1 Natural 5 Pand 2 Accidant invas	tigation	28a. Data of		28b. Tima of Injury	28c. Injur		T	how injury occur		
Certification:		3 Suicida 6 Coule 4 Homicida deter	not be mined		of Injury - At h g, atc. (Speci		et, fectory, offica		28f. Location (City or To	Street and Numb wn, Stete)	per or Rural F	Routa Number,
(0)	1	29a. Certifiar 1 Certify (Check only one)	ing Physi it Examin	er: On the base and manns	sls of examina	owladge, deeth ation end/or inv	occurred et tha tir astigetion, in my o	me, dete end piece pinion, death occu	e, and dua to tha urred at the time,	causa(s) and ma dete end placa,	anner as stet and due to th	ted. he cause(s)
odlo		Oh Cionatura and title of sactif	or				29c. Licans	a number		29d. Date signe	d (Month, Da	ay, Year)
Medicai Certifi	2	29b. Signature and title of cartif	عا حا	F	John	you r	D.C.	11848		June	12, 19	997

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First Middle Last) 2. Date of Death **Physician** Month BRADLEY NORMAN 10:20 PM JUNE 1997 /Medical 4c. County of Death 4e. Fecility Name (If not institution, give street and number) 4b, City, Town, or Location of Death Examiner PRINCE GEORGES HOSP ITAL CHEVERLY GEDRGES If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1₽M 2□F Days Hours 24-07-5152 Feb.26, 1916 Cambridge, Mass. Director Usual Residence of Decedent the Maryland 10b. County 10a. State 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at Maryland Prince George's Suitland 1 No 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? filed within 72 hours after death with 4708 Medora Dr. ітетв 23а 20746 USA Completed by Funeral 12. Was Decedent Ever in U.S. Amed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Year or Dates: Ww II Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritel Status 14. Race - American Indian, Black, White, etc. 1 Never Married 2X Married 21215-0020 ŏ 1 ☐ Yes 2 🗓 No Specify: White 3 ☐ Widowed 4 ☐ Divorced "natural", 15. Decedent's Education 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 7 Department of Health and Mental Hygiene. Important: If fem 27 is marked other than "na any injury or other traumatic event (Specify only highest gi rade completed) Elementary/Secondary (0-12) 2001lege (114055+) Safety Officer Federal Government Baltimore, Maryland 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Harold **Bradley** Grace Pell 2 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Marie L. Bradley/Wife same as item 10 20a. Mathod of Disposition 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20c. Location - City or Town, Stete 1 ☐ Buriai 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Metropolitan Crematory 6/16/97 Alexandria, Va. 21. Signature George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md. 20745 Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart failure. List only one state on each line. Approximete Interval Between Onset and Death **Physician** /Medical Immediate Ceuse (Final VENTRICULAR Y EARS disease or condition resulting in deeth) **Examiner** Examiner YEARS CORONARY ARIERY Hospital or Attending Physician: The law requires that the death certificate be executed 24 hours efter deeth. Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Dfd tobacco use contribute to the cause of death? been signed by should be detac 1 Yes 2 No 3 Probably 4 Unknown BILATERAL GREAT GANGRENE Be Completed by 24b. Were autopsy findings aveilable prior to completion of cause of deeth? 24a. Was an eutopsy performed? GASTRO INTESTINAL EMPHYSEMA 1 Yes 2 No 1 Yes 25 No After this certificate 25. Was case referred to medical 28. Place of Deeth (Check only one) Hospital: 1 ☑Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 27. Manner of Death 28a. Dete of Injury (Month, Day Year) 28c. Injury at Work? Certification: 28b. Time of 28d. Describe how injury occurred 1 Natural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident Director: 3 ☐ Suicide 6 Could not be determined 28e. Plece of fnjury - At home, ferm, street, factory, office building, etc. (Specify) 281. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 D Homicide To the Hospital or within 24 hours eff To the Funerel Di completely filled in 29a, Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the ceuse(s) end manner as stated. Medical 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, end due to the cause(s) end menner stated. 29b. Signeture and titled 29c. License number 29d. Date signed (Month, Day, Year)

0051316

CTR.

06.12.97

CHEVERLY.

MD 20785.

State Registrar 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

PRINTE CEDRGE TOSPITAL 31. Date filed (Month, Dey, Year)

MEDICAL

32. Registrar's Signature

RESIDENT

Mittenst han a austr

State of Maryland / Department of Health and Mental Hygiene 97 19911

						Certifica	ate of	Death		Reg. No.	1	2614
			1. Decedent'a Name (First, Middle, La	st)					2. Dete of De	eth	V	3. Time of Death
	Physic /Medi		JOHN	J. C	ICALA				JUNE	Dey 9 1	Year 997	1435
	Exami		4e. Facility Name (If not institution, giv					4b. City, Town, or				
L			ATLANTIC GENERAL	HOSPITAL				BERLI	N	WORG	CESTER	3
	Funeral Director		5. Social Security Number 6. S 577-30-4114 Usual Residence of Decedent	Sex 7. Ag LÄM 2□F	e (In yrs. lest bir 75	Yrs. If Un Month	der 1 Yeer hs Days		8. Dete of Birt (Month, Da) MAY 5,	y, Year)	Count	lace (State or Foreign try) . C .
	and and		10a. State 10b. County		10c. City, Tow	n or Location	-				10	0d. inside City Limits
	Mery Set	ō	MARYLAND MONTGON	MERY	SILVE	R SPRIN	JC					1 Yes 2 □ No
	28e	Director	10e. Street and Number		DIDVE		Zip Code			10g. Citizen of 1	What Count	try?
	h with	Ole	2711 BEL PRE RO	CAC			20	906		USA	1	
	deal deal	Funeral	11. Maritai Stetus	12. Was Decedent Armed Forces?	Ever in U,S.	13. Was De		Hispenic Origin? (S pan, Mexican, Puert	pecify Yes or No	14. Rac	e - America	
21215-0020	72 hours efter death with the Meryland natural, or items 23a or 28a-f show deal Examiner must be notified at	þ	1 ☐ Never Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	1 Z Yes 2 I If Yes, Give Year or Dates:	No		2 No		o nican, etc.)	Specify	ck, White, e	HITE
5-0	n 72 hours "natural", edical Exa	age of	15. Decedent's Ed (Specify only highest gra	ducation	16a.	Decedent's U	sual Occu	pation	rkina	16b. Kind of B	usiness/Ind	iustry
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Maryland	o in o	Be	17. Father'a Name (First, Middle, Last,					18. Mother's Nar	ne (First, Middle,	Meiden Sumen	10)	
7	d 2 should be th and Mental 7 is marked of traumatic ave	2	DOMENICO CICALA 19a. informant's Neme/Relationship (106	Malling Addr	one /Ctree	CLEMEN of end Number or Ru	TINA CH			Code
S	75.5		JOSEPHINE CICALA					ROAD, SII				
ē,	-755		20a. Method of Disposition			Disposition (/ y, cremetory o			Date	20c. Location		
altimore,			1 ☐ Buriai 2 ☑ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif	Removal from State		y, cremetory o URY CRI			6/10/07	CATTODI	ini i	MADWI AND
alt:	교투환증		21. Signeture (Fufferal Service Licer	-	SALISD			ess of Fecility	0/10/9/	SALISBO	JKI, I	MARYLAND
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	_		23a. Pert1. Enter the disease, or com shock, or heart failure. List only	plicetions thet	the shath. Do r							Approximete
	Physician		snock, or neert failure. List only	one cause on eligh life	16.							Interval Between Onset end Deeth
	/Medical		Immediate Cause (Finel diseese or condition	a Acute	401			m 20° day.				
п	Examiner		resulting in death)					NEARC	1101		- At	WI MINUTES
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	deeth certificate be executed e ettending physician and of for use es the burial-transit	Examiner	Sequentially list conditions,		Due to (or as a	consequence	of):				Sure	Although the
60,	be ex		Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury	C								
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P.O.	res that the de iigned by the e be detached f	Physi	Part il. Other significant conditions o	ontributing to death bi	at not resulting in	the underlyin	g ceuse g	iven in Pert I.				the cause of death?
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ita		Bec	25. Was case referred to medical					28. Place of Dea	ath (Check only o		}	
>	E 10 TO	To	examiner? 1 ☑ Yes 2 ☐ No	Hospital: 1 ☐ Inpatie	nt 2 ER/Ou	tpatient 3	DOA OI	her: 4 Nursing H	lome 5□ Resid	lence 8 Oth	er (Specify	.)
ion o	Ing Afte		27. Manner of Death 1 Matural 5 Pending 2 Accident Investigation	28a. Date of injur (Month, De)	y <i>Year)</i> 28b. T	ime of njury M	28c. Inju		28d. Describe h			
Division	A rest	Certification:	3 Suicide 6 Could not be determined	28e. Place of injubuilding, etc	ry - At home, fa	rm, street, fact	tory, office		28f. Location (5 City or Tow	Street end Numb n, Stete)	er or Rural	Route Number,
	To the Hospital or Att within 24 hours efter d To the Funeral Direct completely filled in by	edicai	29e. Certifier (Check only one) 1 ☐ Certifying Ph	yelclen: To the best of niner: On the besis of end manner sta	examination and	, deeth occurre dor investigeti	ed at the ti ion, in my	ime, dete and place opinion, death occu	, and due to the d irred at the time, d	cause(s) end ma dete and place,	inner as ste end due to	sled. the ceuse(s)
	To the To the Com	Σ	29b. Signature end title of certifier	1 111	10	, :		se number		29d. Date signe		*
			Sarky C	Holyser	et, Mi	1.	2	06241		06-1	0-97	7
			30. Name and address of person who	completed tause of de	eath (item 23a) (Type, Print)						Mb. 2186
	Sta Registr	-	31. Dete filed (Month, Dey, Year)	97 Julia	r's Signature				-//		7	

AND THE RESERVE OF THE PROPERTY OF THE PROPERT

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** Bernice CECIL May 30, 1997 11:09 P.M. /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Citizens Nursing Home Frederick Frederick If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) If Under 1 Year 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) Funeral Birthplece (Stete or Foreign Country) 1 □ M 2√2 F Months Deys Director 214-10-1521 90 Nov. 27, 1906 Maryland Usuel Residence of Decedent deeth with the Maryland 10a. State Show 10b. County 10c. City. Town or Location 10d. Inside City Limits Item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examinar must be notified at Director Maryland Frederick Frederick ty Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1900 Rosemont Avenue 21702 U.S.A. Funeral 12. Wes Decadent Ever In U,S. Armed Forces? 11. Maritel Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Bleck, White, etc. permit. Pages 1 end 2 should be filed within 72 hours efter Depertment of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural; or ite any Injury or other traumatic event, the Medical Experiment t Never Merried 2 Married 1 ☐ Yes 2 If Yes, Give No No Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: White þ 3 XWidowed 4 ☐ Divorced Yeer or Detes: Completed 16e. Decadent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Retail department 8 Sales Representative store 17. Fether's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Malden Sumeme) Be E. Roy Nikirk 2 Beulah M. Colbert 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Linda J. Geiser/Granddaughter 9011 Spring Meadow Circle, Frederick, Md. 21701 20b. Placa of Disposition (Neme of 20e. Method of Disposition Date 20c. Location - City or Town, Stete cemetery, cremetory or other piece) 1 ☑ Burlel 2 ☐ Cremetion 3 ☐ Removel from Stete Mount Olivet Cemetery June 3, 1997 Frederick, Md. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerel Service Licensee 22. Neme end Address of Fecility M00021 Keeney & Basford Funeral Home 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,

Approximate

Approximate Approximate Interval Between Onset end Deeth Physician heroseleratic Heart Aleaso Immediete Ceuse (Finel diseese or condition resulting in deeth) /Medical Examiner Examiner ettending physician and for use as the buriel-transit the deeth certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) P.O. Box 68760, Physician/Medicai Due to (or es e consequence of): signed by the elid be deteched for Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 XNo Records, þ page 2 should b 24b. Were eutopsy findings eveileble prior to Completed 24e. Wes en eutopsy performed? completion of cause of deeth? certificate hes 1 Yes 1 ☐ Yes 2 ☐ No 2 No Division of Vital Be 25. Wes case referred to medical 26. Plece of Death (Check only one) Other: 4 Septimizing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this 28e. Dete of Injury (Month, Dey Year) 27. Manner of Deeth Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred To the Hospital or Attending I within 24 hours effer death.
To the Funeral Director: After Naturel 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident Investigation filled in by the 3 Sulcide 6 Could not be 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the cause(s) and menner as ateted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) and menner stated. edical 29a, Certifier 29b. Signatury and title of certifier 29c. License number 29d. Dete aigned (Month, Dey, Year) D16428 June 2, 1997 30. Neme end eddress of person who completed cause of death (hom 23e) (Type, Print) Casper E. Cline III, M.D., 300 West Ninth Street, Frederick, Md. 21702 32. Registrer's Signature 31. Dete filed (Month, Day, Year) State JUN 02 Registrar

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1 Decedent's Name (First Middle Last) 2. Data of Daath 3. Tima of Death **Physician** Month Year Pauline CAREY Jane May 29, 1997 7:15 A.M. /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City. Town, or Location of Daath 4c. County of Death Examiner 5158 Doubs Road Adamstown Frederick If Under 1 Year If Undar 24 Hrs. 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) 8. Data of Birth (Month, Day, Year) **Funeral** Days 1 M 2 XF 83 Vrs 214-10-3075 Director Sept. 4, 1913 Maryland Usual Rasidanca of Dacadant with the Maryland 10b. County 10c. City, Town or Location 10d. inside City Limits 7 Is marked other than "natural", or items 23s or 28s-f show treumstic event, the Modical Examiner mast be notified at 1 ☐ Yas 2 No Director Maryland Frederick Adamstown 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? 5158 Doubs Road 21710 U.S.A. Funeral death 12. Was Dacedant Evar In U,S. Armed Forcas? 14. Race - American Indian, Black, Whita, atc. Was Dacedant of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status after 1 ☐ Yas 2 XNo It Yas, Giva Yaar or Datas: 1 ☐ Navar Married 2 ☐ Married Baltimore, Maryland 21215-0020 permit. Pages 1 and 2 should be filed within 72 hours a Department of Health and Mental Hygiene. Important: If flem 27 is marked other than "natural", or any injury or other treumatic avanta. 1 ☐ Yas 2 📉 No Specify: þ White 3 ₩ Widowad 4 Divorced Completed 15. Dacedant's Education (Spacify only highast grada completed) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Elamantary/Sacondary (0-12) Collega (1-4or 5+) Homemaker Own Home 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Edgar A. Hahn Cora Alice Keenev 19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Straat and Numbar or Rural Routa Number, City or Town, Stata, Zip Coda) Martha V. Houck/Niece 5158 Doubs Rd., Adamstown, Md. 21710 20a, Mathod of Disposition 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Ramoval from Stata Mount Olivet Cemetery May 31, 1997 Frederick, Md. 4 Donation 5 Othar (Spacify) 21. Signaty of Funaral Sarvice Licensea 22. Nama and Addrass of Facility M00021 Keeney & Basford Funeral Home 23a. Part1. Enter the disease, or complications that prused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast,

Approximate
Approximate Approximata Intarvai Batween Onsat and Death Physician Immadiata Causa (Final disaasa or condition rasulting in daath) /Medical Cerebro vascular minutes **Examiner** Dua to (or as a consequence of): Examiner arterioscerotic cerebrovascular disease physiclen end the burial-transit Sequantially list conditions, if any, laading to immadiata causa. Entar Undarfying Causa (Disaasa or Injury that Initiated avants rasulting In daath) Last Box 68760. Physician/Medical Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? Division of Vital Records, P.O. signed by t 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown by 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed peen has 1 Yas 2 No 1 ☐ Yas 2 ☐ No 25. Was casa ratarrad to medical axaminar? Be 26. Placa of Death (Check only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 Nursing Homa 5 Rasidance 8 Othar (Spacify) 1 Yas 2 No 2 this funeral 28a. Data of Injury (Month, Day Year) 27. Manner of Death 28d. Dascribe how Injury occurred 28b. Time of 28c. injury at Work? Hospital or Attending P
 A hours after death.
 Funeral Director: After t Certification: After 1 Natural 5 ☐ Panding 1 TYas 2 No invastigation 2 Accidant 6 Could not be datarmined 3 Suicida Location (Straat and Number or Rural Route Number, City or Town, State) 26a. Place of Injury - At homa, tarm, straat, factory, office building, atc. (Spacify) 4 Homicida 24 hours a 29a. Cartifian 1 Cartifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated. completely (Check only one) 2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and manner stated. To the Within 2 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) D32073 May 30, 1997 Kathleen W Stein NO 30. Nama and addrass of person who complated causa of daath (itam 23a) (Type, Print) Kathleen W. Stern, M.D., 610 Ninth Avenue, Brunswick, Maryland 21716 31. Data tilad (Month, Day, Yaar) 32. Ragistrar's Signatura

Registrar

MAY 3 0 1997

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Death **Physician** Month Raymond Michael May 27, 1997 4:57 L.m. /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Frederick Memorial Hospital Frederick

If Under 24 Hrs.
Hours Min.

8. Date of Birth
(Month, Dey, Yeer) Frederick 5. Social Security Number If Under 1 Year Birthplace (State or Foreign Country) 7. Age (in yrs. lest birthdey) **Funeral** Deys 11X M 2□ F 62 Yrs Director 215-34-4446 Feb 5, 1935 Maryland Usual Residence of Decedent death with the Maryland a or 28a-f show 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits MD Director Frederick Frederick 1 ☐ Yes 2 ☐ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5720 Butterfly Lane "natural", or items 23a solical Examiner rount t 21703 USA Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 (X) Yes 2 □ No if Yes, Give Year or Dates: Kore Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. Peges 1 and 2 should be filed within 72 hours efter neat of Health and Mental Hygiene. Int If Item 27 is marked other than "natural", or fiel my or other traumatic event, the Medical Engine my or other traumatic event, the Medical Engine. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 🛣 No Specify: þ Specify: white 3 ☐ Widowed 4 ☐ Divorced Korean Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Elementary/Secondary (0-12) College (1-4or 5+) 12 Cost Price Analyst 4+ Govt / USAMRAA 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be James Leroy Crowe Ann Marie Creegan 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Mary Alice Crowe/Wife 5720 Butterfly Lane, Frederick, MD 21703 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 ☐ Cremation 3 ☐ Removal from State permit. Pege Department of Important: If any Injury or 4 ☐ Donation 5 ☐ Other (Specify) Christ Reformed 5/31/97 Middletown, Maryland 21. Signature of Funeral Service County 22. Name and Address of Fecility Stauffer Funeral Home P.O. Box 1819, Frederick, MD 21702 Part1/Enter the disease, or complications that caused the safe. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical immediate Cause (Final disease or condition resulting in death) Examiner Examiner The law requires that the death certificate be executed buriel-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): P.O. Box 68760. Physician/Medical the Due to (or es e consequenca of): as Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 10 3 Probably 4 Unknown Records, þ 2 director, page 2 should Completed 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? completion of cause of death? 2 NO 1 Yes 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attanding Physician: Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA After this filled in by the funeral 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Natural 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident investigation within 24 hours after death To the Funeral Director: A 3 Suicide 6 Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide Medical Lecrifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier ŝ 29b. Signature and title of cartifie 29c. License number 29d. Date signed (Month, Dey, Year) 30. Name and address of person who completed cause of dealf (tem 23a) (Type, Print) West 9th St. Frederick Ca 31. Date filed (Month, Day, Year) 32. Registrar's pignature State Registrar

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St Regisi	ate rar	30. Name and addrass of gerson who con 1564 OROSS (2) 31. Dete flied (Month, Day, Year) MAY 2, 9, 199	MID		PIKE	FREE RICHARD	y Nguy DERIC	en K ₁ M.	D 21=	702	

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Data of Daath 3. Time of Daath **Physician** Month Day 1997 Yaar 3, June 10:05AM Roy Franklin Cornett /Medical 4e. Facility Nama (If not institution, giva straat end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Montgomery General Hospital Montgomery **Olney** if Undar 24 Hrs. Hours Min. 5. Social Securify Number If Undar 1 Year 7. Aga (In yrs. last birthday) 8. Deta of Birth (Month, Dey, Birthplace (Stata or Foraign Country) **Funeral** Months Days 1**⊠**M 2□ F Yrs. Director 239-22-0793 75 1922 North Carolina Usual Rasidanca of Decadant with the Maryland 10a. State 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Moorcal Examiner must be not find 10d. Insida City Limits Howard Woodbine Maryland Director 1 ☐ Yes 2 No 10e. Straat and Number 10f. Zip Coda 10g. Citlzan of Whet Country? 238 permit. Pages 1 and 2 should be filed within 72 hours effer death v. Department of Health and Mental Hygiene. Important: If flom 27 is marked other than 'natural', or flems 23a any injury or other traumatic event, the Medical Experiment 2008. 21797 3843 Route 94 American Funeral 12. Was Dacedent Ever in U,S. Armed Forcas? 13. Was Dacedant of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Maritei Status 14. Rece - Amarican Indian, Black, Whila, atc. 1 Navar Marriad 200 Marriad Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: þ WWII 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedant's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Dacadant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elementery/Secondery (0-12) College (1-4or 5+) 8 Mechanic Automobile 17. Fathar's Name (First, Middla, Last) 18. Mother's Nama (First, Middla, Maidan Sumema) Be Charles T. Cornett Lillian Millsaps 19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Lee Roy Cornett - Son 2655 Florence Road, Woodbine, Marland 20b. Plece of Disposition (Nama of cematary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☑ Buriel 2 ☐ Cramation 3 ☐ Ramoval from Stete 4 ☐ Donetion 5 ☐ Other (Specify) 6/6/97 Poplar Springs Cemetery Mt. Airy, Maryland 21. Signature of Funeral Service Licenser 22. Name end Addrass of Facility Olin L. Molesworth, P.A., Funeral Home Cean 26401 Ridge Road, Damascus, Maryland 20872-0117 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heer failure. List only one cause on each line. Approximate Interval Batween Onsat and Death **Physician** /Medical immediate Causa (Final diseasa or condition rasulting in death) Ghrs HELLIETIEN Examiner Dua to (or es a consaquenca of): Examiner Hemorrha or Attending Physician: The law requires that the deeth certificete be executed the buriel-transit Sequantially list conditions, if any, leeding to immadlata causa. Entar Undarlying Cause (Disaasa or Injury that initiated avants rasulting in daath) Last Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760, hombolytic Physician/Medical Due to (or as a consequanca of): Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? s been signed by the should be detech 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown by Completed 24b. Ware eutopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? pege 2 After this certificate 1 ☐ Yas 2 ☑ No 1 Yes 2 No 25. Wes casa referred to medicai Be 26. Placa of Death (Check only ona) Hospitei: 1 ≅ inpatlant 2 ☐ ER/Oulpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Rasidence 6 Other (Specify) 2 1 Yas 2 No Director: After this 27, Mennar of Death Medical Certification: 28b. Time of 28e. Data of Injury (Month, Day Year) 28c. injury et Work? 28d. Dascribe how injury occurred 5 Pending invastigation 1 Meturei 1 Yas 2 No death. 2 Accidant 6 Could not be 3 ☐ Suicide 28a. Piaca of Injury - At homa, farm, street, factory, offica building, atc. (Spacify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) efter 4 Homicida within 24 hours of To the Funeral Di completely filled in the Hospital 1 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and piace, and dua to tha cause(s) end mannar as stated.

| Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, deta and piace, and due to the ceusa(s) and mannar stated. 29a. Certifiar 29b. Signature end titla of certifier 29c. License number 29d. Dete signed (Month, Day, Yeer) 42777 June 3,1997 30. Name end address of person ho\completed causa of death (item 23a) (Type, Print) Philip Dave Olnoy, Mayland 20832 18111 Prince Wehsta 32. Registrar's Signatura 31. Dete filed (Month, Dey, Year) State JUN 0 6 Registrar

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ď.	/Media Examir		4e. Fecility Name (If not institution, give					4b. City, Town, or				TOUUPM
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month 1997 June 10, 2:15 A.M. Michael Conte /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 1117 Hamlin Road Charles Waldorf 5. Social Security Number 6. Sex 11 M 2 ☐ F If Under 1 Year | If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Yeer) Jan. 7, 1912 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** Deys Hours Yrs. Director 85 578-38-4872 Jan. Pennsylvania Usual Residenca of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1 Yes 2 No Maryland Charles Waldorf 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1117 Hamlin Road 20602 U.S.A. Funeral 12. Was Decedent Ever In U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 ☑ Yes 2 ☐ No If Yes, Give WWII Yeer or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: White þ 3 Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) 11th Federal Government Clerk 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) Be George Conte 2 Marie A. Pandolph 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zlp Code) 7100 Rison Dr. Indian Head, Md. 20640 Anthony G. Conte/Brother 20b. Pleca of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete Dete 1 Burial 2 □ Cremetion 3 □ Removel from State 4 □ Donation 5 □ Other (Specify) permit. Page Department of Important: If any Injury or once. Maryland Veteran's Cem. 6/13/97 | Cheltenham, Maryland 21. Signature of 5 moral Service Licenses 22. Name and Address of Facility
George P. Kalas Funeral Home also 6160 Oxon Hill Rd. Oxon Hill, Md. 20745 23 Part the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, about or heart feiture. List only one cause on each line. Approximete Interval Between Onset end Deeth **Physician** /Medical Immediate Cause (Final diseese or condition resulting in deeth) End Stage Dementia Yrs. Examiner Due to (or es e consequenca of): Examiner Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initieted events resulting in death) Lest Due to (or es e consequenca of): Physician/Medicai Due to (or es e consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ Completed 24e. Wes en autopsy performed? 24b. Were autopsy findings avellable prior to completion of cause of deeth? 1 Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Wes case referred to medical 26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) cal or An.
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2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, and due to the cause(s) end menner stated. 29a. Certifier Medical 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) June 10, 1997 D28352 30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print) - P. O. Box 2729, La. Plata, Md. 20646

State Registrar

Krishan Mathur, M.D.

JUN 11

32. Pegistrer's Signeture

31. Date filed (Month, Dey, Year)

DHMH 16 Rev 6/95

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The law requires that the death certificete be executed

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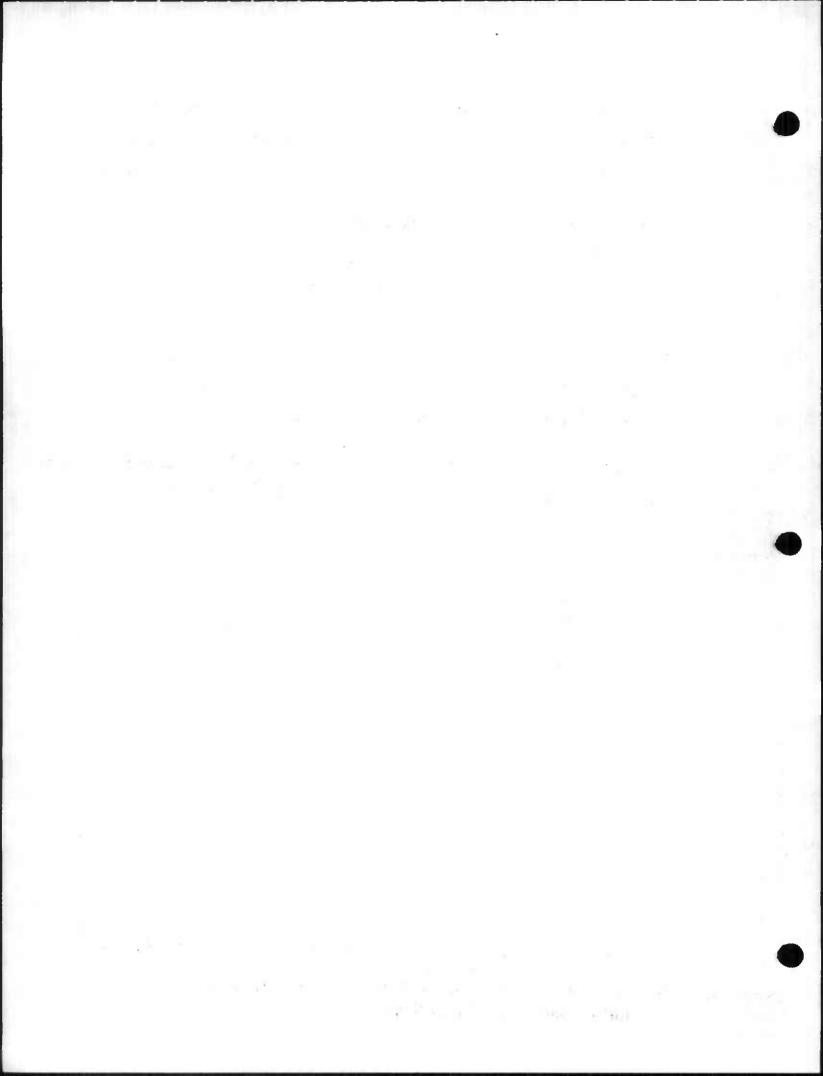
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215-0020

L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hocks after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit		166.
nay be retained by the	; page 5 should be de		item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
fter death. Page 6	the funeral directo	loval.	al examiner mu
d within 24 hours a	mpletely filled in by	, cremation, or rem	event, the medic
rtificate be executed	ig physician and co	liene prior to burial	other traumatic
s that the death ce	ned by the attendin	ith and Mental Hyg	any Injury, or o
M: The law require	ficate has been sig	State Dept. of Hea	· Item 23 shows
TENDING PHYSICIA	TOR: After this certi	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	28 is marked, or
L OR Al	DIREC	hours	Item

Pages 1, 2, 3 should

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TO THE HOSPITAL OF TO THE FUNERAL DI DE filed within 72 ho

97 19222 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR MARIO CONCEPCIO PINEDA CEDILLO June 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year)
DEC. 30 1979 6. AGE (In vrs. lest birthday) A. BIRTHPLACE (Stelle or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. UNAVAILABLE 1 💢 M 2 🗌 F 17 YRS EL SALVADOR 9e. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR WALKER AVENUE BALTIMORE BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE BALTIMORE 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 504 CASTLE DRIVE #A 21212 EL SALVADOR 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO IF YES, GIVE WAR OR DATES 13, WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, While, etc. If yes, specify Cuben, Mexicen, Puerto Ricen, atc.)

1 X YES 2 NO Specify: 1 Never Married 2 Merried BY 3 Widowed 4 Divorced HISPANIC COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15 DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only i College (1-4 or 5+) 9TH COOK RESTAURANT 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JULIO A. PINEDA ELENA CEDILLO BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code). 2 PEDRO J. SALMERON-UNCLE 8818 LANIER DRIVE #202 SILVER SPRING, MD 20910 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 1X Buriel 2 Cremetion 3 Rem
4 Donation 6 Other (Specify) FAMILY CEMETERY JUN:16 97 EL SALVADOR, C.A. 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY W.H. BACON FUNERAL HOME INC. 50 3447 14TH STREET, N.W. WASH, D.C. 20010 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, ahock, or heart fellure. Liet only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR CONSEQUENCE OF that initiated eventa reaulting in deeth) LAST PART ii. Other eignificant conditions contributing to death but not reculting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL WAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 -40 OF DEATH? 1 TYES 2 T NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 28. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINEM? OTHER:
4 □ Nursing Home 5 □ Residence HOSPITAL 1 Dimpstient 2 ER/Outpetient 3 DOA 26b. TIME OF INJURY 27. MANNER OF DEATH 26c. INJURY AT WORK? 28e. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident Month, Day, Year) 5 Pending Investigation 1 YES 2 NO ce BY LOCATION (PLACE OF INJURY 3 Suicide ETED. 6 Could not be 4 Homicide

1 CERTIFYING PHYSICIAN: ledge, death occurred at the time, date and place, and due to the cause(s) (Check only one) 2 MEDICAL EXAMINER: On the I 29b. SIGNATORE AND TITLE OF CHRTIFIER 29c. LICENSE NUMBER 294. DATE SIGNED (MO

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type

32 REGISTRAR'S SIGNATUR

31. DATE FILED (Month, Day, Year) JUN 12 1991 HMME 212/0 AL of

State of Maryland / Department of Health and Mental Hygiene 0.7

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						Cert	ificate o	f Death		Reg. No.	1	19223
ľ	Discosteri		1. Decedant's Nama (First, Middia, L	ast)	-				2. Data of De Month		Yaar	3. Tima of Death
	Physici /Medi		Robert Eugen	e Crawford	Jr.				June	3 19	97	8:45 P.M
	Examir		4a. Facility Nama (If not institution, ga	iva street and number)				4b. City, Town, or	Location of Death	4c. County	of Death	
			Stella Maris Ho	spice Home				Towson		Balt	imore	8
	Funeral		Social Security Number 6.	Sax 7. Age	a (In yrs. last		If Undar 1 Yas		(Month, Da	th y, Year)	9. Birthp	place (Stata or Foraign
L	Director		214 76 8015 Usual Rasidance of Decedant	125,747 20 F	36	Yrs.			Sept.	6, 1960	New	Mexico
	how		10a. Stata 10b. County		10c. City, To	own or Loc	ation				1	10d. inaida City Limits
	a Me	cto	Maryland Prince	George's	Bowie	е						1 ☑ ¥es 2 □ No
	or 2	Dire	10e. Street and Number				10f. Zip Code			10g. Citizen of \		
	23a	ra.	12115 Foxhill L				207			United	Stat	tes
	er de	Funeral Director	11. Marital Status	12. Was Decedant I Armed Forcas?		13. W	as Decedant of Yas, specify Cu	f Hispanic Origin? (S uban, Maxican, Puan	pecify Yas or No to Rican, atc.)	- 14. Rac Blac	a - Amario ok, Whita,	can Indian, atc.
21215-0020	72 hours after death with the Maryland returns, or items 23s or 28s-f show deal Exentiner must be notified at	by	1 Nevar Married 2 Married 3 Widowed 4 Divorced	1 ☐ Yas ★★↑ If Yas, Giva Yaar or Datas:	ło	11	□Yas 🕱 🗷 N	o Specify:		Specify	Wh:	ite
5		Completed	15. Decedant'a E (Specify only highast g	Education rada complated)	10	6a. Deceda	nt's Usual Occ	upation na during most of wo	rkina	16b. Kind of B	usinass/In	dustry
21	filed within Hygiana.	npi	Elemantary/Secondary (0-12)	Collega (1-4or 5				na during most of wo red)	9			
2	ed v ygiar rt, tr	ပ္ပိ	12			Insta.	ller				Sign	5
E	tal H d out	Be	17. Fathar's Nama (First, Middla, Las	,				1	ma (First, Middla,		na)	
7	Men Mer Merke marke	To	Robert E. Crawf					-	Minehart			
Maryland	2 sh and la m		19a. Informant's Name/Ralationship		-			et and Number or R				
	and lealth m 27		Lisa Marie Hensh	aw Fiance				1 Lane B	owie Man	-		715
Baltimore,	permit. Pages 1 and 2 should be filed within Departmant of Health and Mental Hygiana. Important: If Item 27 Is marked other than any Injury or other traumatic avent, the Magnes.		20a. Mathod of Disposition 1 ☐ Burial 🕹 🖾 Cramation 3 !	☐Ramoval from Stata	20b. Place cema	atary, cremi	ition (Nama of story or othar p	vlace)	Data	20c. Location -	City or To	own, Stata
F	tant:		4 □ Donation 5 □ Othar (Spec		Met				6/5/97	Ale	xand	ria Va.
Sa	Departiment Important In Suc.		21. Signature of Funeral Service Library	ongoo				rass of Facility Evans Fu	neral Ho	me Inc		
_	002 e 0		Spirist &	ovone	/	16	000 Ann	apolis Rd	Bowle N	farv1 and		15
			23a. Part1. Enter the disease by cor hock, or heart failure. List only	nplications thet caused y one cause on each lir	tha daath. D	o not antai	tha moda of d	ying, such as cardia	c or raspiratory a	rrest,		Approximata Intarval Between
	Physician										- 1	Onset and Death
1	/Medical Examiner		Immediata Causa (Final disaasa or condition rasulting In death)	a. REA	VAL	CF	LL	CARC	NOM	4		
Н		L.	rasoning in death)		Dua to (or as						ĺ	
	pa #s	Examiner	_	ı b							i	
	rifficate be axecuted ng physician and as the bunal-transit	xan	Sequentially list conditions,		Dua to (or as	a consequ	ance of):				1	
68760,	be a	a E	Sequentially list conditiona, if any, laading to immadiata causa. Enter Undarlying Ceusa (Diseasa or Injury	C							į	
387	phys the	edicai	that initiated evants rasulting in death) Last	1	Dua to (or as	a conseque	ence of):					
	death certificate be axecuted e attending physician and of for usa as the bunal-transit	15		d							i	
Box	eath cel attandir for usa	clar										
P.O.		Physician/	Part It. Other eignificant conditiona	contributing to death bu	ut not resulting	g in the und	larlying causa	givan In Part I.				o the cause of death?
	es that the igned by be detact								10	Yee 2 No	3 Pro	bebly 4 Unknow
Records,	law requires that that as been signed by the 2 should be detached	d by							24a Was	an autopsy	24b. W	are autopay findinga
Ö	been s	Completed								rmed?	av	vailable prior to empletion of cause
Re	6 - 6	dm								M		death?
a	delan: Tha la certificata ha rector, paga		A	T					10	, 4	1[□Yas 2□No
=	ysician: is certifica director,	Be c	25. Was casa refarred to medical axaminar?	Hospital:			- 10	thar	ath (Check only o			110-00
of Vital	Physician: this certific	To	1 ☐ Yas 2 No 27. Manner of Death	1 L Inpatia		Outpatient b. Tima of	3 DOA	4 Li Nursing F	loma 5 Rasi	dance 6 Doth	ar (Specif	Y) HOSPK
on	ding F h. After funer	tion	1 Natural 5 □ Panding	28a. Date of injur (Month, Day	Year)	Injury	28c. In W	ork? □Yaa 2□No	200. 2000.00	non mjory oodar	.00	
S	Attanding r death. ector: After by the fune	lica	3 Suicide 6 Could not l	be Ose Disease lai	inv - At homa	farm etre			28f. Location (Street and Numb	per or Run	al Routa Number,
Division	or Attandate deatl	Certification:	4 ☐ Homicide datarmined	building, ato	. (Specify)	, 141111, 01101	or, radiory, direc		City or To			
	To the Hospital or Attanding Ph within 24 hours after death. To the Funeral Director: After thi complately filled in by the funeral		29e. Certifier No Certifying P	hyeician: To the best o	f my knowled	ioa. daath	occurred at tha	tima, data and piace	and due to the	causa(s) and ma	nnar as a	itated.
	P Ho 24 h Fur (ately	edicai	(Check only Medical Exa	miner: On the basis of and mennar sta	examinetion	and/or Inva	stigation, in my	opinion, death occu	irred at tha tima,	deta and place,	and dua to	o tha cause(e)
	within To th	Me	29b. Signatura and title of certifier		_	1	29c. Lica	nsa number		29d. Data signe	d (Month,	Day, Year)
			15/5	1/- 1	7-1	0	1 1.	22-2/		11-	100	1901
	(10)		30. Nama and address of person who	complated carse of de	ath (Item 23	a) (Type P	rint)	101)		001	071	
	(12)		Bhirley The	mac m-	Richa	ande	MM	in bloo	t Rd -	Town	M	Md
	Sta	te	31. Data filed (Month, Day, Year)	32 Registra	r's Signatura	0	1.47	ton Mx2		- NO 21		(0)
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State of Maryland / Department of Health and Mental Hygiene 0.7

					Cer	tificate	of Death		Reg. No.) [19664
Physiciar		1. Decedent's Name (First, Middla,						2. Date of De	ath Day	Yeer	3. Time of Death
/Medica	_	Clarence Em						June		1997	10:50 am
Examine	r	4a. Facility Neme (If not institution,					4b. City, Town, o	or Location of Deat	h 4c. Count	y of Death	
	щ	504 Elm Avenu				10.12.12.1	Takoma	Park	Pri	nce (George's
Funeral Director		216-44-9492	Sex 7. Ag	e (In yrs. las	t birthday) Yrs.		Year If Under 24 H Days Hours M	8. Date of Bir (Month, Da Dec.	th y, Yeer) 189	9. Birthp Cour 7 Mi	plece (Steta or Foreign htry) nnesota
naturel, or items 23a or 28a-f show digal Examinat must be notified at about his Ennancial Disochop	-	Usuel Residence of Decedent 10a. State 10b. County		10c. City. 7	Town or Loc	ation					10d. Inside City Limits
a pa	5	MD Princ	e George'			Parl					1X Yes 2 □ No
288	Director	10e. Street and Number	e George	5 10	KOllia	10f. Zip C			10g. Citizen of	Mhat Cour	
valle		504 Elm Aven				209	912		USA	what Cour	itry ?
- F	Dy rur	11. Maritel Stetus 1 □ Never Married 2 □ Married 3 □ MyVidowed 4 □ Divorced	12. Was Decedent Armed Forces? 1 Yes 2 N If Yes, Give Yeer or Dates:	No			it of Hispanic Origin? Cuben, Mexican, Pu	(Specify Yes or No erto Ricen, etc.)		ce - Americ ick, White, fy: Wh:	etc.
"naturel", solical Ess	200	15. Decedent's (Specify only highest of	Education		16e. Decede	ent's Usuel (Occupation	ndring.	16b. Kind of E	Business/In	dustry
	du	Elementery/Secondary (0-12)	College (1-4or 5				done during most of w ratired)				
201	3	12	4 years		Post	al Su	peritend	dent	U.S.	Post	al Servic
and wental hygiene. s marked other than aumetic event, ma M	0	17. Father's Name (First, Middla, La	•					ame (First, Middla		,	
marked other imatic event, I	2	John Martin	Casey				Elizak	oeth Ma:	rgaret	Berl	kner
is m		19a. Informant's Name/Relationship	(Type, Pnint)		19b. Mailing	g Address (S	Street and Number or	Rural Routa Numb	ar, City or Town	, Stata, Zip	Coda)
em 27 inther tr		John C. Case	y (son)		504	Elm A	Ave. Take	oma Parl	MD	20912	2
in the state of th		20a. Method of Disposition		20b. Plac	e of Dispos	ition (Nema etory or othe	of ur placa)	Date	20c. Location	- City or To	wn, State
Important: If item any injury or othe ance.		1 ☐ Burial 2 ☼ Cremation 3 4 ☐ Donation 5 ☐ Other (Spec					Cremato	ry 6/7/9	Alexar	dria	AV.
inju e	1	21. Signature of Funeral Service Lic		1100			Address of Facility				
any ir		Buya	Julas	n	25	4 Car	roll St.	Takoma l , Wash	D.C.		
		23a. Part 1. Enter the display or co shock, or heart failure. List on	mbilications that coused y one cause on each lir	the death. I	Do not ente	r the mode o	f dylng, such as card	ac or respiretory e	rrest,		Approximate Interval Between
edical miner		Immediate Cause (Final disease or condition resulting in death)	a. Asj	Disal Due to (or as	s e consequ	ienca of):	Preum	ong			Onset end Deeth
physician and s the burial-transit		Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury	b	Due to (or as	a consequ	ence of):				1	
D 8 2		that Initiated events resulting in death) Last	I d	Due to (or es	e consequ	ence of):					
he attendired for use		Part II. Other significant conditions		ut not resultin	g in the und	derlying caus	se given in Part I.	23b. Dld	tobacco use co	ntribute to	the cause of death?
igned by the a be detached by Physic		Frachure	Nech	of t	Cen	ur		10	Yes 2□ No	3 ☐ Prot	bably 4 ⊠Unknown
2 should				U				24a. Was perfo	an autopsy med?	COL	ere autopsy findings allable prior to mpletion of ceuse death?
page Com								10	res 2 No	1	Yes 215 No
rector, pag		25. Wes case referred to medical					28. Plece of D	eeth (Check only o			
		examiner? 1 ☐ Yes 2 ☑ No	Hospital:	nt 2 ER	/Outpatient	3□ DOA	Other: 4 Nursing	. /	tence 6 □Oth	er (Snaoih	v)
After this funeral d		27. Manner of Death 1 🖾 Natural 5 🗆 Pending 2 🗀 Accident Investigati	28a. Date of Injur (Month, Day		b. Time of Injury	1	injury at Work?	1	now Injury occur		y
To the Funeral Director: After this completely filled in by the funeral Medical Certification: 1		3 Suicide 6 Could not determine	be on Dian dia	ry - At home . (Specify)	, farm, stree			28f. Location (: City or Tox		ber or Rura	I Route Number,
To the Funeral Completely filled Medical Ce		(Check only 2 Medical Exa	hysician: To the best of miner: On the besis of	examination	dge, death o	occurred at t	he time, dete and place my opinion, death occ	ce, and due to the curred et the time.	cause(s) and m	anner as st	ated.
Med Med		Unite)	and manner star	ted.							
28		29b. Signeture and title of certifier	Les S	iph	MC) 7	Systems of Systems of	00	29d. Date signe	7- C	
1)	3	3060, M.	completed cause of de	eth (Item 23	антуре, р	rint)	Dowie	MD	20	716	
State	3	31. Date filed (Month, Day, Year)	32 Registra	r's Signature	0 .	Ì					
Registrar		JUN 09 195	il die	interpret	would						

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A. Markey

State of Maryland / Department of Health and Mental Hygiene 225 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Dey **Physician** ELSA Κ. CHRISMAN 9, JUNE 1997 7:50 AM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner NATIONAL LUTHERAN HOME ROCKVILLE MONTGOMERY CO. H Under 24 Hrs. 8. Date of Birth Hours Min. OCT 10, 1918 If Under 1 Year 7. Age (In yrs. lest birthday) 9. Birthplace (State or Foreign **Funeral** Days 523-09-0521 1 M 25 F 78 COLORADO Yrs Director Usual Residence of Decedent with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-1 show traumatic event, the Medical Examiner must be notified at VA. FAIRFAX CO. ANNANDALE Director 1 □ Yes 2 □ No 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? 7529- McWHORTER PLACE 22003 U.S.A. 238 Funeral filed within 72 hours efter death teme! 11. Marital Status 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Orlgln? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married 21215-0020 ò 1 ☐ Yes 2 ☐ No Specify. by Specify: WHITE 3℃Widowed 4 □ Divorced "natural", Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry and Mental Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) 12 CHURCH SECRETARY RELIGION Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Pages 1 and 2 should be nent of Health and Mental HENRY KAUERZ AMALIA WEIMER 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2 s Department of Health ar Important: If Item 27 is any Injury or other trau 9701-VEIRS DR., ROCKVILLE, MD. 20850 REV.DR.RICHARD REICHARD 20b. Place of Disposition (Name of cametery, crematory or other piece) 20c. Location - City or Town, State 1 ☐ Bunal 2 ☐ Cremation 3 ☐ Removal from State METROPOLITAN CREMATORY-6/10 4 ☐ Donation 5 ☐ Other (Specify) ALEXANDRIA, VA. 21. Signature of Funeral Seur 22. Name end Address of Facility HYSONG CO., INC. 1300 - N STREET, NW, WA WASH., DC Approximete Interval Between Onset end Death Physician Immediete Cause (Finel disease or condition resulting in death) /Medical Examiner The law requires thet the death certificate be executed Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Division of Vital Records, P.O. Box 68760. attending physician Physician/Medical signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown p Be Completed 24b. Were autopsy findings available prior to completion of cause of deeth? 24e. Was en autopsy performed? certificate has Hypertension 1 ☐ Yes 2 ☐ No or Attending Physician: 25. Was case referred to medical 28. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Medical Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred 1. Natural 5 Pending investigation death. 1 ☐ Yes 2 ☐ No 2 Accident Director: illed in by the 3 Sulcide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) after 4 Homicide To the Hospital within 24 hours a To the Funeral Completely filled the Hospital t ☐ Certifying Phyafcfan: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 ☐ Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) 29b. Signature end title of control 29c. License number 29d. Date signed (Month, Day, Year) completed cause of death (Item 23a) (Type, Print) VEIRS ROCKVILLE MO State

Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle Last) 2. Dete of Deeth 3. Time of Death **Physician** Month ALLUSTUS DEAL MAY 31 1997 /Medical 12: 15PM SALTSBURY, MD. Deeth 4a. Feclity Neme (If not institution, give street and number) 4c. County of Deeth Examiner Salisbury Center, Genesis ElderCare Wicomico
If Under 24 Hrs. Wicomico 5. Social Security Number If Under 1 Year Birthplece (State or Foreign Country) 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funeral** MM 2DF Months Deys Hours Yrs. Director 213-22-9145 5-29,1922 Maryland Usuel Residence of Decedent the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits 28a-f show Examiner mant be notified at Director 1 Yes 2 No City . Worcester Pocomoke 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ö items 23a 2359 Worcester HWY 21853 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritel Status 14. Race - American Indien, Bleck, White, etc. filed within 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yes 2 No Specify: Specify: ck by 3 ☐ Widowed 4 ☐ Divorced Completed the Medical 15. Decedent's Education (Specify only highest grade completed) Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) Pages 1 and 2 should be filed with the page of the pag 8th La borer Worcester Co.LandFill 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Unknown Ida Newton 19a. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Carlline Frantaine Johnson 5902 Quantico Road Quantico, Md. 21856 20b. Plece of Disposition (Name of cometery, crematory or other place) 20c. Location - City or Town, Stete 20e. Method of Disposition Dete 1 ☐ Buriel 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) John Wesley U.M. Church 6/5/97Westover, Md. 21. Signature of Funeral Service Doenses 22 Name and Address of Facility Savage Funeral Home B12 Da Vis the mode of dying, such as cardiac or respiratory errest. Enter the disease, or complications that caused the deshock, or heart feilure. List only one cause on each line. Approximete Intervel Betw Onset end Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Examiner STerro ician and bunal-trensit unu The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting in death) Lest Due to (or es e consequence of) Box 68760, physician s the buria Physician/Medicai duence of): 98 esn for P.O. signed by the a Pert II. Other eignificent conditions contributing to death but not resulting in the upderlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown þ Division of Vital Records. been si 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? page 2 s this certificate 1 ☐ Yes 2 No Hospital or Attanding Physician: director, Be 25. Wes case referred to medical exeminer? 26. Piece of Deeth (Check only one) Certification: To Other: 1 Yes 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Nursing Home 5 Residence 6 Other (Specify) funeral 27. Manger of Death 28a. Dete of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? After 1 Naturel
2 Accident 5 Pending 1 Yes 2 No 24 hours efter death. investigation in by the 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide completely filled 1 Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, date end pieca, end due to the ceuse(s) end menner es stated. 29a. Certifier Medical (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. within 2 To the 29b. Signeture and title of certified 12 30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

Registrar

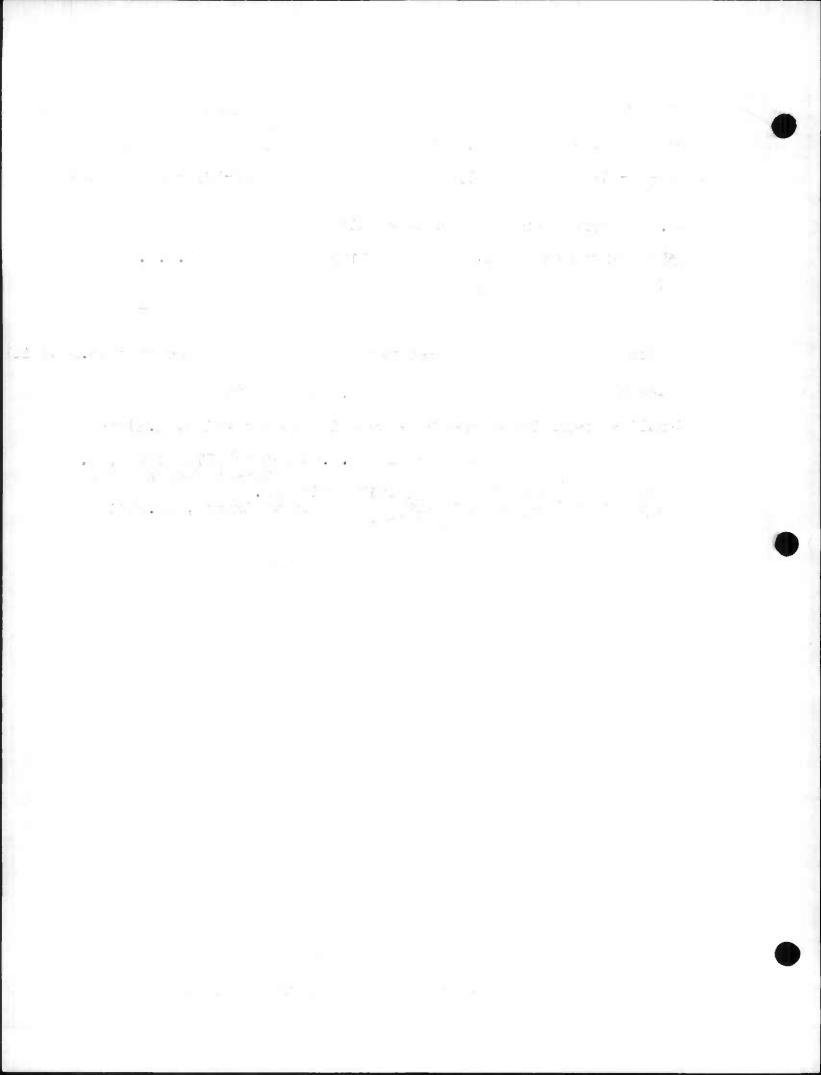
State

JUN 091997

31. Dete filed (Month, Day, Yeer)

1104 HEALTHWAY DR., SALISBURY, MD. 21804
32. Registrer's Signeture

Alia Drivelson Randell



State of Maryland / Department of Health and Mental Hygiene 97

					Cei	rtificate of	Death		Reg	g. No.		1 2 1 1
Dhuni	-1	1. Decedent's Neme (First, Middle, La	nst)						ete of Deeth	Day	Yeer	3. Time of Death
Physi /Med		James B. Daley,	Sr					Jun			997	2:45 am
Exam		4a. Facility Name (If not institution, give	ve street end number	r)			4b. City, Tov	vn, or Location	of Death	4c. County		
		6302 94th Avenue					Lanha			Princ		orge's
Funera			Sex 7.A 1⊠M 2□F	ga (In yrs. last i 61	birthday) Yrs.	If Under 1 Yeer Months Days		Min. (N	ete of Birth fonth, Day, Y	Year)	9. Birthp	place (State or Foreign ntry)
Directo	r	577-44-6557 Usuei Residence of Decedent		01	113.			Nov	7 29,	1935	West	Virginia
is 1 and 2 should be filed within 72 hours efter deeth with the Maryland f Heelth and Mantal Hygiene. Ithe marked other than "natural", or frame 23s or 28s-f show other traumatic event, the Medical Expanse, must be notified at	٥	10a. Steta 10b. County	21-	10c. City, To		cation					1	10d. Insida City Limits
the 1	Director	Maryland Prince (seorge's	Laimai	11	10f. Zip Code	_		10	g. Citizen of	What Cour	ntov?
3a or	ō	6302 94th Avenue				20706	5			U.S.A		,
deeth	Funeral	11. Marital Status	12. Was Deceden		13. V	Was Decedent of	Hispenic Orio	in? (Specify Y	as or No-		ce - Americ	cen Indien,
of he		1 Never Married 2 Married	Armed Forces			f Yes, specify Cut		, Puerto Ricen	, etc.)		ck, White,	
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nd 2 should be filed within 72 hours ef the and Mental Hygiene. 27 is marked other than "natural", or traumatic event, the Medical Exam.	Completed	15. Decedent's E (Specify only highast gra	ducetion ade completed)	16	Se. Deced	lent's Usuel Occu kind of work done	petion during most	of working	10	6b. Kind of B	usiness/ind	dustry
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Peges nent of I		1 ⊠Burial 2 ☐ Cremetion 3 ☐		∋								
it. P		4 Donetion 5 Other (Special 21. Signature of Funeref Service Licer		Gate o	-	even Cemet		6/11	/9/ S	ilver	Spri	ng, Maryland
permit. Peges Department of Important: If it any Injury or or		N. Q	11300		F	rancis G	asch's	Sons	Funera	al Home	e. P.	Α.
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exec an an nel-tr		Sequentially list conditions, if any, leeding to Immediate ceuse. Enter UnderlyIng		D00 10 (01 00	a coriseq	dence or,						
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certificate be executed ding physician and ise es the buriel-trensit	Med	resulting In deeth) Lest		Ì	,	·					i	
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The law requires thet the ate has been signed by the page 2 should be detached	Phy								1 🗌 Yes	2 No	3 Prol	bably 4 Unknown
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			5 Greenway		r Dr	# Z15,	Greenb	elt MD	20//0)		
S [.] Regis	trar	31. Dete filed (Month, Day, Year) JUN 11	32. Heoist	rer's Signeture	0	2.0						
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Please Type or Print in Black Indeiible Ink. Assure Ail Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nema (First, Middla, Last) 2. Deta of Death 3. Tima of Deeth Month MA 4s. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death nera Birthplece (State or Foreign Country) 5. Social Security Number f Under 24 Hrs. 6. Sex 7. Age (In yrs. last birthetty) 8. Dete of Birth (Month, Dev. Year) 10 M 2 F Days Yrs. 579-24-3399 84 1912 SUMTER, S.C. Usual Rasidance of Dacedeni 10a Stete 10h. County 10c. City, Town or Location 10d. Insida City Limits 1 X Yas 2 □ No MARYLAND PRINCE GEORGE'S CAPITOL HEIGHTS 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 808 CLOVIS AVE. 20743 UNITED STATES 12. Wes Decedant Ever in U.S. Armed Forcas? 1 ☐ Yas 2 M No If Yas, Giva Yaer or Datas: Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) Race - American Indian, Black, Whita, atc. 11. Marital Status 1 ☐ Naver Merried 2 ☐ Married 1 Yas 2 No Specify: Specify: 3\ Widowed 4 □ Divorced BLACK 16a. Decedent's Usuai Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) College (1-4or 5+) 9TH DOMESTIC PRIVATE 17. Father's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Surname) BENNIE **JAMES** REBECCA SHARP 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Routa Number, City or Town, State, Zip Code) 808 CLOVIS AVE. CAPITOL HEIGHTS, MARYLAND 20743 MILDRED GREEN - DAUGHTER 20b. Placa of Disposition (Nema of cematary, crematory or other plece) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 X Buriai 2 ☐ Crametion 3 ☐ Ramoval from Stata ARLINGTON NATIONAL 6/9/97 ARLINGTON, VIRGINIA 4 ☐ Donetion 5 ☐ Othar (Specify) up of Funeral Service Licensee 22. Name end Addrass of Fecility ALEXANDER S. POPE FUNERAL HOMES 5538 MARLBORO PIKE/ FORESTVILLE, MARYLAND 20747 ert? Entar tha diseasa, or complications that caused tha daath. Do not enter the mode of dying, such as cardiac or raspiratory arrast, hock, or haart failura. List only one cause on each line. Approximate Interval Between Onset end Death Immediete Ceusa (Final disease or condition resulting In death) eurour Sequantially list conditions, if any, leading to immadiata cause. Enter Underlying Ceusa (Disease or Injury that Initieted evants resulting in daath) Last ha to (or as a consequence of) Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to 24a. Was an eutopsy performed? completion of cause of death? (DMOR 1 Yas 2 1 No 1 ☐ Yas 2 ☐ No 25. Was casa referred to medical 28. Piace of Deeth (Check only one) axaminer? Othar: 4 Nursing Homa 5 Residence 8 Other (Specify) 1 Yas 2 No 1 Inpatiant 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Year) 27. Manper of Deeth 28c. Injury at Work? 28d. Dascribe how Injury occurred 28b. Time of 5 Panding investigation 1 Natural

Physician /Medical **Examiner** and

Physician

/Medical

Examiner

Funeral

Director

na 23a or 28a-f shortman be notified at

7 is marked other than "natural", or itsma traumatic event, the Medical Examiner its

Hygiene.

permit. Peges 1 and 2 should be file Department of Heelth and Mental Hy, Important: if item 27 is marked other any fujury or other traumatic event, social.

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Funeral

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Baltimore, Maryland 21215-0020

Examiner Physician/Medical P Completed Be 2

Se use 0 the bed detech signed by t peen certificete hes funeral After filled in by

burial-transit physiclan s the burial

that the death certificate be executed P.O. Box 68760. Records, Division of Vital I or Attending Physician: efter death. Director: After this certifice

24 hours e To the Within 2

State Registrar

Certification:

Medical

2 Accidant

29b. Signature and title of certifier

3 Suicida

29a. Certifier

6 Could not be datarmined 4 Homicida

28a. Piace of Injury - At homa, farm, straat, factory, office building, atc. (Specify)

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 1 Certifying Physicien: To the best of my knowledga, daath occurred at the time, dete end piece, end due to the cause(s) and manner as steted.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

> 29c. Licansa number 12213

1 Yas

2 🗆 No

29d. Data signed (Month, Day, Year)

30. Name and address of parson who complated cause of deeth (Item 23a) (Type, Print)

-UCIO S. VILLA- REAL, M.D., - #2 ST. PATRICKE DIEVE SUITE SOZ, WALDORF, MD. 31. Data filed (Month, Dey, Year)

JUN 12 1997

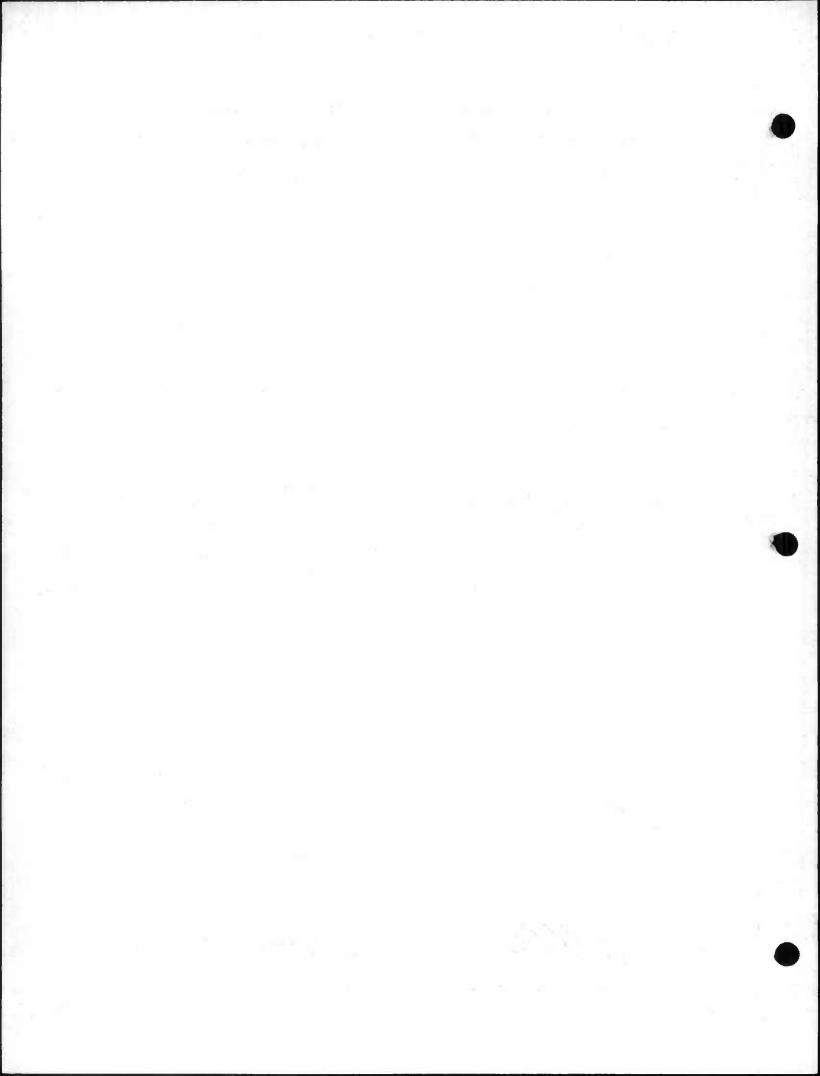
32. Registrar's Signeture The of howlen Radall

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State of Maryland / Department of Health and Mental Hygiene

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Funeral	П	Sociel Security Number 6. 8		(In yrs. lest bir	thday) If Unc	er 1 Year s Days	If Under 24 Hrs. Hours Min.	8. Date of Bird (Month, De			elece (Stete or Foreign
Director		220-16-0503 Usuel Residence of Decedent	I□M 2⊠F	79	Yrs.	a Daya	PROGRES AND	June 15	, 1997	Penns	sylvania
show	2	10e. Stete 10b. County		10c. City, Town						1	0d. Inside City Limits
Sa-f	Director	Maryland Frederi 10e. Street end Number	ck	Thur							
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"natur	Completed	15. Decedent's E. (Specify only highest green terry/Secondery (0-12)	ducation ode completed) College (1-4or 5-	+)		vork done use retire	petion during most of wor d)	king	16b. Kind of Bu	usiness/Ind	dustry
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는 얼마 이	Certification:	3 Suicide 4 Homicide 6 Could not be determined	building, etc.	(Specify)				City or Tow			
Hospital 24 hours a Funeral iletely filled	edical	29e. Certifier 1	yaician: To the best of niner: On the basis of end manner stet	examinetion end	, deeth occurre I/or Investigation	d et the tir on, in my o	ne, date end place pinion, deeth occur	, and due to the or rred et the time,	cause(s) end ma date end placa, s	nner es st and due to	ated. the ceuse(s)
To the within ? To the comple	Me	29b. Signeture end IIII	//		2	9c. Licens	e number		29d. Date signed	(Month, i	Dey, Yeer)
) ICEC	a	· ·		02	6499		6-3	7-9	7
		30. Neme and address of person who	completed cause of de	ath (Item 23e) (Type, Print)	4	/				
		Dr. Ronald Mille	c~ 4 Culw	ell Dri	ve. Mt.	Airy	y, MD 21	771			
Sta Registr		31. Date filed (Month, Day, Year)	32. Begistra	rasignature	Rardally						



State of Maryland / Department of Health and Mental Hygiene 97 19230

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Fune Direc		5. Social Security Number 214-16-0280 Usual Residence of Deced		ex □M 2⊠F	7. Age (in yrs. 74	last birthdey, Yrs.		ear If Und	er 24 Hrs. Min.	8. Dete of Bir (Month, De DEC . 22		9. Birthp Coun EMM I	lace (Stete or Foreigntry) TSBURG, M
Marylend a-f show	otor		County REDER	ICK		ty, Town or L						1	0d. Inside City Limit
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DHMH 16 Rev 6/95

State Registrar

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death FREDER YEBECCA Month **Physician** 1132 JUNC 3 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** SALISBURY If Under 24 Hrs. 8. Dat PENINSULA REGIONAL MEDICAL CENTER WICOMICO If Under 1 Year Social Security Number 6. Sax 8. Date of Birth (Month, Dey) 7. Age (In yrs. last birthday) **Funeral** 1□M 2 F Months Days Hours Min **Director** Usuel Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours efter deeth with the Maryland Department of Health and Mental Hygiene. Important: if term 27 is marked other than "retural", or items 23a or 28a-f show eny Injury or other traumatic event. In Martinal 10a. State Town or Location 10d. Inside City Limits (Xuantico 1 ☐ Yes 2 No Funeral Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21856 V.S. A andX 11. Maritai Status 12. Was Dacedent Ever in U.S. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) Race - American Indian, Black, White, etc. Armed Forces? 1 Yes 2 No If Yes, Give 1 Never Married 2 Married 1□ Yes 2 No altimore, Maryland 21215-0020 Specify: p 3 ☐ Widowed 4 ☐ Divorced Year or Dates: FREDERIK Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 17. Father's Name (First, Middle, Last) (First, Middle, Maiden Surnai Be (a mono accel 2 19e. Informant Name/Relationship (Type, Ppnt) 19b. Mailing Address (Street and Number or Rural Route Number, 5611 Sandx Clar Robert 20b. Plece of Disposition (Neme . Method of Disposition 20c. Location Buriai 2 Cremation 3 Removal from State amotex 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Funeral Service Licensee Buvalve. MI 23a. Part1. Enter the disaase, or complications that caused the death. shock, or heert feilure. List only one ceuse on each line. mode of dying, such as cerdiac or raspiratory arrest Approximate Interval Between Onset and Death **Physician** Immediate Causa (Final disease or condition rasulting in death) /Medical Electromechanical dissociation minutes Examiner Examiner cardio myopath The law requires that the death certificate be asscuted Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last Due to (or es a consequence of): Division of Vital Records, P.O. Box 68760, ettending physician for usa as the burie Coronauy auten desco Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco uas contributs to the cause of death? signed by 12 Yes 2 No 3 Probably 4 Unknown Hyper cholasterolemia þ 8 certificata hes been si lirector, page 2 should Be Completed 24b. Were autopsy findings available prior to completion of ceusa of death? 24a. Was an autopsy performed? 1 ☐ Yes 2 18 No 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: director. 25. Was cese referred to medical 26. Place of Death (Check only one) 1 Yes 2 No Other: 4 ☐ Nursing Home 5 ☐ Rasidance 6 ☐ Other (Specify) edical Certification: To 1 inpatient 2 ER/Outpatient 3 DOA this funeral 28a. Dete of Injury (Month, Day Year) 27. Manner of Deeth 28b. Time of 28d. Dascribe how injury occurred 28c. Injury at Work? After 1 Naturel 5 Pending deeth. 2 Accident Investigation 1 Yas 2 No within 24 hours after deeth To the Funeral Director: / completaly filled in by the 3 Suicide 6 Could not be determined Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 10 Certifying Physician: To the best of my knowledge, death occurred et the time, date and piece, end due to the cause(s) end menner as stated. 2 Medical Examiner: On the bests of examinetion and/or investigation, in my opinion, death occurred et the time, date and place, end due to the cause(s) and manner stated. 29a. Certifier (Check only one) 2 29b. Signature and title of certifie 29c. Licansa number 29d. Date signed (Month, Day, Year)

State Registrar

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31. Date filed (Month, Dey, Year) JUN 05 1997

PAVLOS

STEPHAN

30. Name end eddress of person who completed ceuse of death (Item 23e) (Type, Print)

560 RIVERSIDE DR 32 Registrar's Signeture

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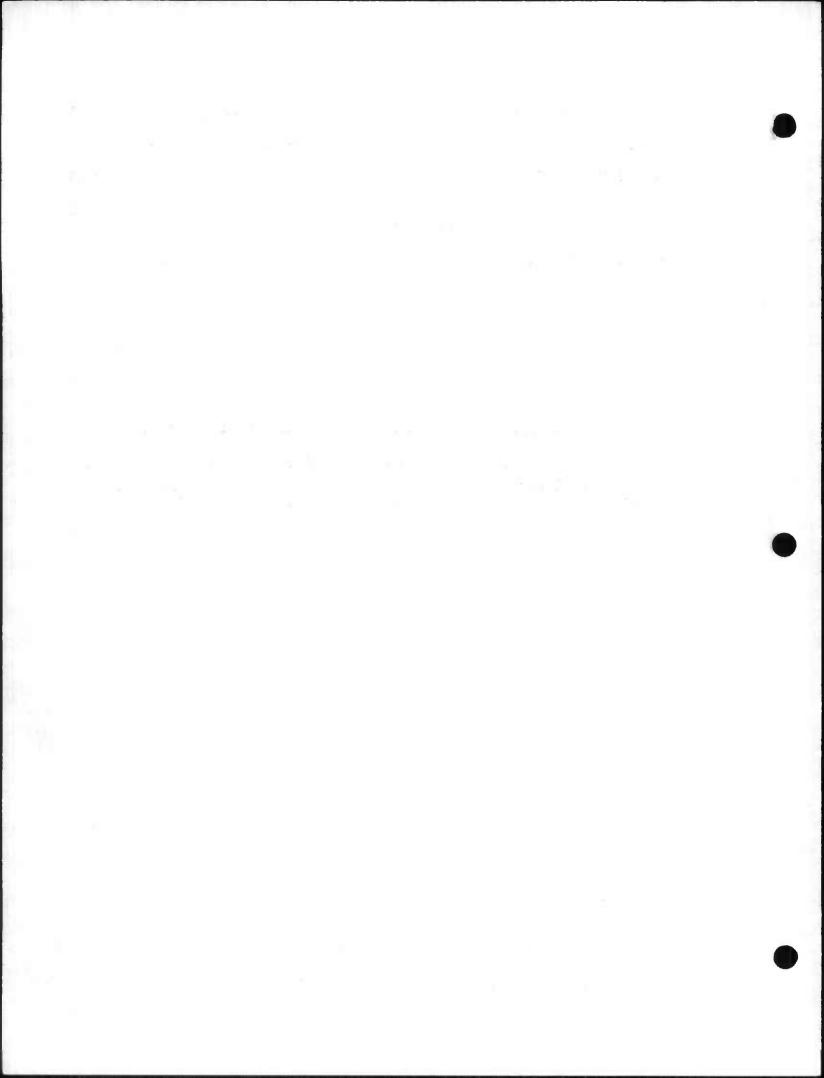
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

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DHMH 16 Ray 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Daath Month Year **Physician** G. Dona Flannigan June 1997 7:10am /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Daath **Examiner** 4c. County of Deeth 145 Willowdale Drive Frederick Frederick 5. Social Security Number if Under 1 Yaar | If Undar 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) Aug. 25,1939 9. Birthpiaca (State or Foreign Country) Maryland **Funeral** 1 ☐ M 2 🖾 F Months Days Hours Yrs. 57 Director 216-38-1287 Usual Residenca of Decedent filed within 72 hours efter death with the Maryland 10a. Stata 10h. County items 23a or 28a-f show ther must be notified at 10c. City, Town or Location 10d. Insida City Limits Director 1 Yas 2 □ No Maryland Frederick Frederick 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 145 Willowdale Drive 21702 Funerai United States 12. Was Decedant Evar in U,S. Armed Forces? Was Dacedent of Hispenic Orlgin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) Raca - Amarican Indian, Black, White, atc. traumatic event, the Medical Examiner 1 Navar Married 2 Marriad 1 ☐ Yes 2 ☑ No if Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 6 1 Yes 2 No Specify: Specify: White þ 3 ₩ Widowed 4 Divorced "naturel". Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry al Hygiene. Eiementery/Secondary (0-12) Coilege (1-4or 5+) 12 Homemaker Own Home permit. Pages 1 and 2 should be file Depertment of Health end Mental Hy Important: If item 27 is marked other any Injury or other traumatic event 908e. 17. Fether's Neme (First, Middla, Last) 18. Mother's Name (First, Middla, Meiden Sumeme) Be George Durst Velora Bittinger 19a. Informant's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Routa Number, City or Town, State, Zip Code) Kerry Brenneman/Daughter 145 Willowdale Drive, Frederick, Maryland 21702 20b. Piece of Disposition (Neme of cematery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State Date 1 ☐ Burlei 2 ☐ Cremation 3 ☐ Ramovel from State 4 ☐ Donation 5 ☐ Other (Specify) Montgomery Crematorium Inc 6/11 Bethesda, Maryland. 22. Name end Addrass of Facility 21. Signetura of Funeral Service Licensee Olin L. Molesworth P. A. Funeral Home 26401 Ridge Road, Damascus, Maryland 20872 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest shock, or heert failure. List only one dause on each line. Approximeta Intervai Between Onset end Death **Physician** /Medical immediate Ceuse (Final disease or condition resulting in deeth) 24 000 マソレアコラノレモ - Tast Examiner Due to (or as a consequence of): Examiner The law requires that the death certificate be executed ate has been signed by the ettending physician end page 2 should be detached for use es the buriel-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Box 68760 Physician/Medicai Due to (or as e consequence of): Division of Vital Records, P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? completion of cause of deeth? certificate 2 No 1 Yes 1 ☐ Yes 2 ☐ No or Attending Physicien: Be 25. Was case referred to medical 26. Place of Death (Check only one) 1 Yes 2 70 Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 10 5 Assidence 6 Other (Specify) this funeral 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28d. Describe how injury occurred Certification: After Work? 5 Pending invastigation To the nospra.
within 24 hours effer deeth.
To the Funeral Director: After 1 Naturai 2 Accident 1 Yes 2 No 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Piece of injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide edicai 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date end piace, end due to the cause(s) end mennar es stated.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, dete end piace, and due to the cause(s) and mannar stated. 29a. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Data signed (Month, Dey, Year) DIYG 26 Dune 10 199) 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

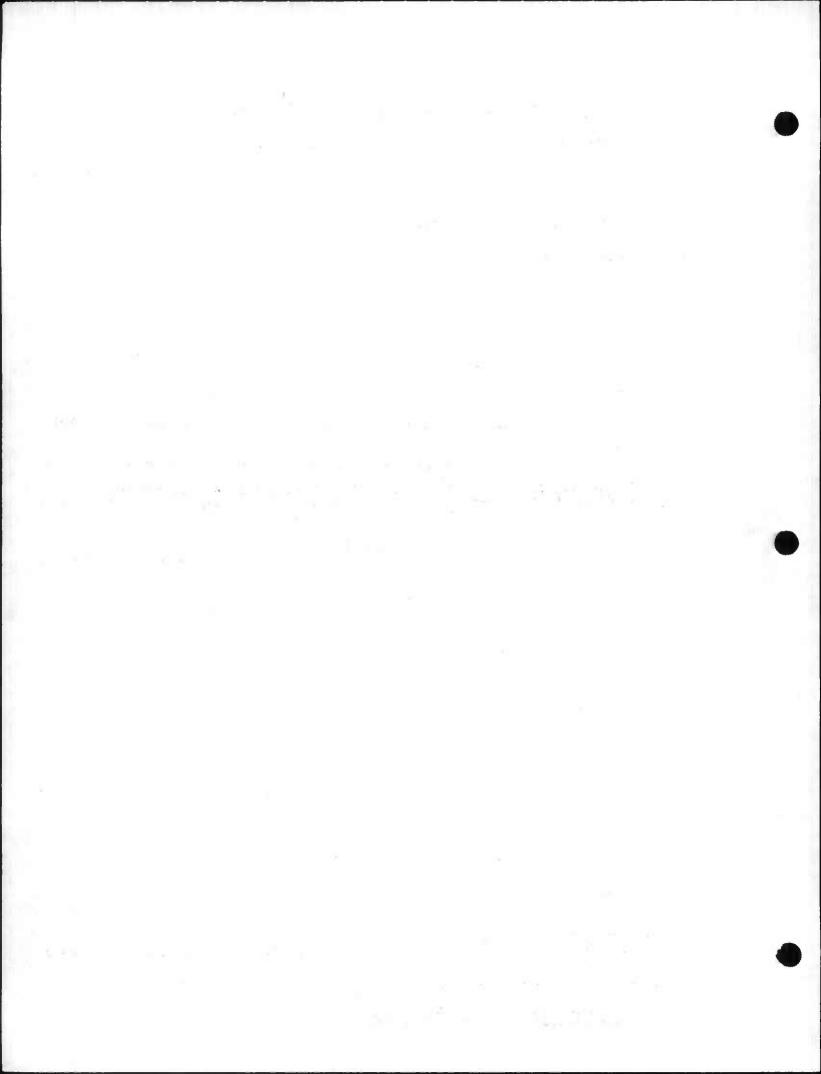
State Registrar

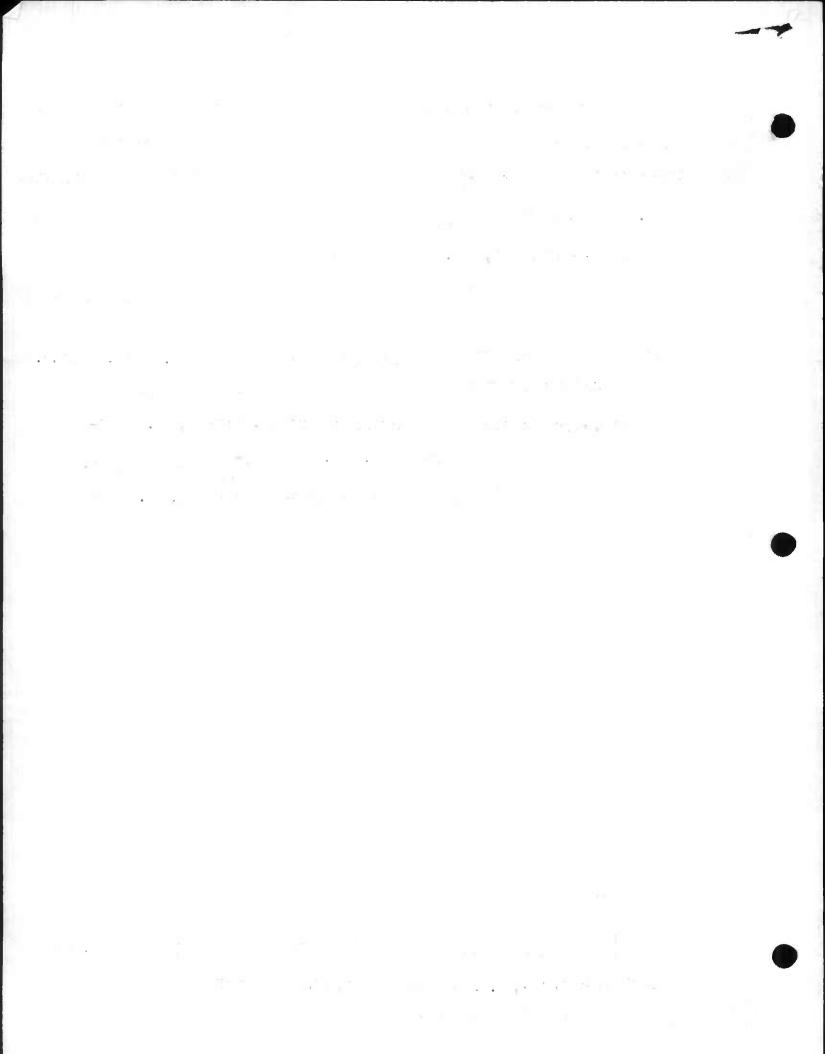
Gregory Rausch M.D.

31. Dete filed (Month, Dey, Year)

32. Registrar's Signature In Davidson Randall

501 West 7th Street, Frederick, Maryland





State of Maryland / Department of Health and Mental Hygiene 97 19235

						Cer	tificate of	Death			Reg. No.		7 12 0
	Physic /Medi		1. Dacedant's Nama (First, Middle, L ROY	JASPER			GERALD			2. Data of De Month May	Day 13, 19	Yaar 97	3. Time of Death 7:00 AM
	Exami		4a. Facility Nema (If not institution, gi 28529 01d 0uan		r)				isbu:	ocation of Deat	4c. County		
	Funeral Director		Social Security Number 6.		Age (in yrs. last	t birthdey) Yrs.	If Un r 1 Y Months Dey	r If Undar	24 Hrs. Min.	8. Dete of Bir (Month, Da		9. Birthp	elace (State or Foreig htry) th Carolina
	Meryland H ahow	tor	10a. Stata 10b. County Maryland Wicom	ico	10c. City, T	own or Loc						1	0d. Insida Clty Limit
	r 28s	Director	10e. Street and Number				10f. Zip Coda				10g. Citizen of V	Whet Cour	itry?
	3a o	Die	28529 01d Quan	tico Road			218	301			USA		
020	d 2 should be filed within 72 hours efter deeth with the Meryland th and Mental Hygiene. 7 Is marked other than "natural", or Hems 23s or 28s-f show traumatic event, the Medical Examine must be norified at	by Funeral	11. Marital Status 1 ☐ Never Married 2 ☐ Married 3 □ Widowed 4 ☐ Divorced	12. Was Decedar Armed Forces 1 ☐ Yes 2 ⊠ If Yas, Giva Year or Detas	s? I No	it	Vas Dacedant of Yes, specify Cu	ben, Mexica	n, Puarto	ecify Yes or No Rican, atc.)		ck, White,	ean indien, etc.
7700-61717	ithin 72 ho ne. van "natur van "natur	Completed	15. Decedant's Elemantary/Secondary (0-12)	ducation ada complated) Collega (1-4o		6a. Deced (Give I lifa. D	ant's Usual Occ kind of work don OO NOT use retii	upation a during mos red)	st of work	ing	16b. Kind of Bu	usinass/Ind	lustry
	filed with Hygiene. Ither than	S	5	_		We:	lder	1				eldin	g
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Y	Men Men Brke	2	Ira Dargan Ge	rald				Net	tie	Jane	Hobbs		
, maryland	and 2 should be in the and Mental I		19a. Informant's Name/Reletionship Hobart B. Hughes				-				er, City or Town, MD 2180		Code)
baltimore,	는 로 를 등		20a. Mathod of Disposition	7. Daniel 1 Char	com	a of Dispos etery, crem	sition (Nema of netory or other p	lace)		Dete	20c. Location -	City or To	wn, State
Ĕ	mit. Pages partment of l cortant: If its r injury or o	Ш	1 ■ Burial 2 □ Cramation 3 [4 □ Donetien 5 □ Other (Speci		6		emetery			6/7/97	Hebro	n, MI)
,00/00	Certificate be executed ding physician and physician size as the buriel-transit	/Medical Examiner	23a. Part1. Entar the disease, or conshock, or heart tailura. List only Immediate Causa (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury thei Initieted evants rasulting in death) Lest		OM - { Dua to (or as	a consequent	uence of): ALLM uance of):		elm				Infarval Between Onset end Deeth
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or vital necolus,	aw requi	Completed b								24a. Was	an autopsy ormed?	av.	ara autopsy tindings allable prior to mplation of cause death?
=	0 - 7	Son								1 🗆	Yas 20 No	1 [Yes 212 No
3	ysician: The is certificate director, pag	Be (25. Was casa rafarred to medical examiner?					26. Place	a ot Deat	h (Check only	ona)		
	0 0	10	1 Yas 2□ No	Hospital: 1 Inpat	tlant 2 ER	/Outpatient	3□ DOA	thar: 4 N	ursing Ho	me 5 Resi	dance 6 Oth	ar (Specif	(v)
	Affer Fund		27. Manufer of Death 1 Natural 5 Panding 2 Accidant invastigation			b. Tima of injury	28c. Ini W M 1[uryat ork? ⊒Yas 2 🗆		28d. Dascribe	how Injury occur	red	
5	al or Atte s efter de al Directo ed in by t	Certification:	3 Suicide 6 Could not to datarmined	28a. Place of II	njury - At homa atc. <i>(Specify)</i>	ı, tarm, stre	et, factory, offic	A		28f. Location (City or To	Streat end Numb wn, Stata)	er or Rura	l Route Number,
	To the Hospital or Attend within 24 hours efter death To the Funeral Director: completely filled in by the	edicai		hyelclan: To the besinner: On the basis and mennar s	of axamination								
	To the To the comple	Wルス	29b. Signatura and fittle of certitiar	3			29c. Lica	nsa number	6-		29d. Date signer	97.	Day, Year)
			30. Nama and orders of person who	completed causa of	daath (Itam 23	(Type, F	DE QA	tel	n S.	hove.	Drive	. SAL	ISBUNY
	Sta Registr		31. Data filad (Month, Day, Year)	97 Jugas	ter's Signature								

STEPHEN GORDON JR. State of Maryland / Department of Health and Mental Hygiene Certificate of Death

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21	1 2	Long	U	1

Physician
/Medica
Evamina

Director

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permit. Pages 1 end 2 st Department of Health en Important: If item 27 is n any injury or other traur

Physician

/Medical

physicien at s the burial-t

for use es

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certificate

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After offer death.

within 24 hours oft To the Funeral Dil completely filled In

To the Hospital or Attending Physician: within 24 hours efter death.

Box 68760

P.O.

Division of Vital Records,

that the death certificate be

Laaminei

traumatic event, the Madical

the Maryland

hours after

Baltimore, Maryland 21215-0020

1. Decedant's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death Month Day Year STEPHEN TROY GORDON. JR. MAY 28 1997 3:00P.M. 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death

Months

HOLY CROSS HOSPITAL **Funeral**

7. Aga (In yrs. last birthday) 10 M 2□ F 216-15-1179 Yrs. 22

SILVER
If Under 24 Hrs.
Hours Min. SPRING 8. Date of Birth (Month, Day, Year) If Undar 1 Year Days Oct. 20, 1974

MONTGOMERY Birthplaca (State or Foreign Country) Maryland

10d. Inside City Limits

Usual Rasidence of Decadent 10a State

Director

Funeral

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Completed

Be

To

Examiner trans

Physician/Medical

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Completed

Be

Medical Certification: To

10b. County Maruland Howard

Mt. Airu

10c. City. Town or Location

1 ☐ Yes 2 No

10g. Citizan of What Country?

Specify:

10e. Street and Number

18151

11. Marital Status

New Cut Road 12. Was Decedent Ever in U,S. Armed Forces?

21771 13. Was Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.)

18151 New Cut Road Mt. Airy. MD

United States 14. Race - American Indian, Black, White, etc.

Never Married 2 Married 3 ☐ Widowed 4 ☐ Divorced

☐ Yes 2 XNo Yas, Giva If Yas, Giva Year or Dates: 15. Decadent's Education (Specify only highast grade completed)

College (1-4or 5+)

1 Yes 2 No Specify:

10f. Zip Code

16b. Kind of Business/Industry Maruland

White

Etementery/Secondary (0-12)

16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Maintenance Worker

National Park Comm. 18. Mother's Name (First, Middle, Meiden Surneme)

17. Father's Name (First, Middle, Last)

Stephen Troy Gordon, Sr.

Alice Gillin Gordon

19a. Informant's Name/Relationship (Type, Print)

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)

Stephen T. Gordon, Sr., father 20e. Method of Disposition 1 Burial 2 Cremation 3 Removal from State

20b. Plece of Disposition (Neme of cemetery, crematory or other place)

20c. Location - City or Town, State Dete

21771

4 ☐ Donation 5 ☐ Other (Specify)

Pine Grove Cemetery

5/31/97 Mt. Airy, Maryland

iter the disease, or combinations that caused heavitaliure. List only one cause on each lity

22. Name and Address of Facility
Stauffer Funeral Homes, P.A.
8 East Ridgeville Blvd. Mt. Airy, MD 21771 Approximate Intervat Between Onset and Death edeath. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Immediate Cause (Final disease or condition resulting in death)

Multiple Injuries

Due to (or es e consequence of):

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events rasulting in death) Last

Due to (or as a consequence of):

Due to (or as a consequence of):

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 | Yes 2 | No

24e. Wes en autopsy performed?

24b. Were autopsy findings available prior to completion of causa of death?

1MYes 2□No

1. Yes 2 No

25. Was case referred to medical examiner? 1X Yes 2□ No

27. Manner of Death

1 Natural

2. Accident 3 Sulcide

4 Homicide

5 Pending investigation 6 Could not be determined

Hospital: 1 ☐ Inpatient 2XI ER/Outpatient 3 ☐ DOA 28b. Time of 28a. Dete of Injury (Month, Day Year) 5-28-97 1200 NOON 28e. Plece of Injury - At home, farm, street, factory, offica building, etc. (Specify)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury at Work? 1 Yes 2 No

28d. Describe how injury occurred

Motorcycle Accident
281. Location (Street and Number or Aural Route Number,
City or Town, State) Randoleph Road Direct

Montgomery County, Manyland

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated.

29a, Certifier

29b. Signatura and title of cartifier 29c. License number

O.C.M.E.

29d. Date signed (Month, Day, Year) MAY 29, 1997

30. Name and address of person who completed cause of death (Item 22a) (Type, Print)

nyz, MO 111 Penn Street, Baltimore, Maryland 21201

28. Place of Death (Check only one)

S. Radentz Strplien
31. Date filed (Month

State Registrar

State of Maryland / Department of Health and Mental Hygiene 97 19237

					Ce	rtificate c	f Deatl	7		Reg. No.		12201
Physic!		Decedent's Nema (First, Middle		nry Ge	nius				2. Dete of D. Month June	eath Dey 7, 1997	Yeer	3. Time of Deeth
/Media		4a. Facility Name (If not institutio					4b. City, T	own, or L	ocation of Daa		y of Deeth	7.07 2.
		Frederick H	ealth Car	e Center			Fred	eric	k	Fr	ederi	ck
Funeral Director		5. Social Security Number 211-18-7391	6. Sex M 2 □ F	7. Age (In yrs. le		If Under 1 Ya Months Dey	ar If Unde	r 24 Hrs.	8. Date of Bi		9. Birth	place (Stete or Forentry) ryland
show	2	Usual Residence of Decedent 10e. State 10b. County Maryland Mont	gomery	10c. City,	Town or Lo	ocation amascus						10d. fnside City Lin
188	ecto		gomery									
23a or	Funeral Director	10e. Streat end Number 11000 Bethe	sda Churc	h Road		10f. Zip Code	0872			10g. Citizen of U.S.		ntry?
netural, or items 23s or 28s-f show	b	11. Maritel Status 1 Naver Married 2 Man 3 Widowed 4 Divorced	Armed Fo	2 No ve		Was Decedent of Yas, specify C			pecify Yes or No Rican, etc.)	Ble	ce - Amari ock, White, by: Bla	etc.
	Completed	15. Deceden (Specify only highe Elementery/Secondery (0-12)	t's Education st greda complated) College (1-4or 5+)	(Give	dent's Usuel Occ kind of work don DO NOT use ret	na during mo ired)	st of work	king	16b. Kind of B		
her t		5	10			Labor				Plumb		0.
i Health and Mentel Hygiene. Item 27 is marked other than other traumatic event, the Mentel Hygiene.	To Be	17. Fether's Neme (First, Middla, Henry A.	Genius				18. Moth			e, Meiden Sumer nez Dors		
aalth end n 27 is m er traum		19e. Informant's Name/Relations Sarah I. Ander		e						ersburg,		
= 5		20e. Method of Disposition 1		State	netery, crer	sition (Neme of metory or other p		1	Dete /12/97	20c. Location		own, Steta
Depertment important: any injury once.		21. Signature of Funerel Service		o. H	22	Olin L.	drass of Feci Moles	lity Wort	h, P.A.	s, Md.		
attending physician and for use es the bunel-transit	Medical Examiner	Sequantially list conditions, if any, leeding to Immediate ceuse. Enter Underflying Ceuse (Disease or Injury that Initiated events resulting in deeth) Lest		or es a consequence of): or as a consequence of):								
ed by the attendin detached for use	cian	Part II. Other algnificant condition	dns contributing to de	eath but not resulti	ng in the ur	nderlying ceuse	given In Pert	i.	23b. Dld	tobacco uae co	ontribute to	o the cause of de
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ector: After th by the funeral	ation:	27. Menner of Death 1 Natural 5 Pendin 2 Accident		1 Inpatiant 2 ER/Outpatient 3 DOA 4 Nursing H					28d. Describe	how Injury occur	rred	
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To th comp		29b. Signetura and title of certifier	Hu		11/2	29c. Lica	nsa number	4		29d. Date signe		
		30. Neme and eddress of person of the second		e of deeth (Item 2:			, Fred	leric	k, Md.	21701		
Stat Registra		31. Date filed (Month, Dey, Year) JUN 1 (32. R	egistrer's Signetur	0							
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Table 1 Table 1 Table 1 Table 1 Table 1 . 19. Termination of the second seco

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death **Physician** Month Marian 2:32 AM 1997 une 6 /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner MAGNOLIA GARDENS NURSING HOME LANHAM PRINCE GEORGES if Undar 1 Year if Undar 24 Hrs.
Months Days Hours Min. 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplace (Stata or Foreign Country) 1 M 20 F Months Days 578-01-6353 86 August 23,1910 SOUTH CAROLINA Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Director Yes 2 No MARYLAND PRINCE GEORGE'S LANHAM 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 8200 GOODLUCK ROAD 20706 USA Funeral 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yes ሺ☐ No If Yes, Give Year or Dates: 11. Maritai Status Was Dacedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. 1 □ Navar Married 2 □ Married 1 ☐ Yes 2 ☐ No þ Specify: 3 Widowed 4 ☐ Divorced BLACK Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) HOMEMAKER PRIVATE 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be CLIFTON REEDER ALICE DAVENPORT 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Coda) CHANEY TAYLOR/GRANDDAUGHTER 2019 COLEBROOK DRIVE TEMPLE HILLS, MD 20748 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, Stata ₩Burial 2 Cramation 3 Removal from State FORT LINCOLN CEMETERY 4 ☐ Donation 5 ☐ Other (Specify) 6-11-97 BRENTWOOD, MARYLAND 22. Name and Address of Facility MARSHALL'S FUNERAL HOME 21. Signature of Funeral Service Licensee Busce-10nic 4308 SUITLAND ROAD SUITLAND, MD 23a. Part 1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdlac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Betw Onset and Death Immediate Cause (Final disease or condition resulting in death) 1 will due to (or as e consequence of): Examiner 2 WKs reumonia Sequentially ilst conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medical Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 4-Tube Feeder. Dearloshes Ulcer 1 Yss 2 No 3 Probably 4 Unknown ð Completed Insulin Dependent Diabetiz 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? 1 ☐ Yes 2 ☐ No Be 25. Was case referred to medical exeminer? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 - Residence 6 - Other (Specify) 1 Yes 2 No 2 1 inpatiant 2 ER/Outpetient 3 DOA 27. Menner of Death Date of Injury (Month, Day Year) Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 1 Natural 2 Accident 5 Panding investigation 1 Yas 2 No 6 Could not be determined 3 ☐ Sulcide 28e. Place of Injury - At home, farm, straat, factory, office building, etc. (Specify) Location (Street and Number or Rural Routa Number, City or Town, State) 4 T Homicide Medical Certifying Physician: To the best of my knowledge, death occurred at the tima, date and place, and dua to tha cause(s) and manner as stated.

Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Certifier 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year)

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Beltoville Md 20705-1757

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permit. Pages 1 and 2 should be filed within 72 hours efter of Department of Health and Mental Hyglene. Important: If fern 27 is marked other than "natural", or iter any liplury or other tharmals event, the Montal Language.

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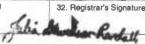
Division

or Attending Physician:

To the Hospital o

Baltimore, Maryland 21215-0020

31. Date filed (Month, Day, Year) Registrar



MD

30. Name and address of person who completed cause of death (ttem 23e) (Type, Print)

Jones

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The state of the s

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death Month **Physician** James Henry Gray June 1997 0620 AM /Medical 4a. Fscility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Doctor's Community Hospital Lanham Prince George's 5. Social Security Number 6 Sex 7. Age (In yrs. last birthday) If Under 1 Year | If Undar 24 Hrs. 8. Date of Birth (Month, Day, NOV 7, 9. Birthplace (State or Foreign **Funeral** Months Days 1⊠M 2□F Hours 76 Director 259-18-3085 Georgia Usuel Residence of Decedent 10h County 10c. City. Town or Location 10d. Inside City Limits r than "natural", or itsms 23e or 28e-f sho the Medical Examiner must be notified at 1 Yes 2 No Director Maryland Prince George's Riverdale 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20737 5425 67th Avenue U.S.A. Funeral 12. Was Decedent Evar In U,S. Armed Forces? 11 Maritai Status 13. Was Decedent of Hispanic Origin? (Specify Yas or No-II Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14 Rece - American Indian Black, White, atc. 1 ☐ Never Marriad 2K Married 1 ⊠ Yes 2 □ No If Yas, Give 1 ☐ Yes 2 No Specify: Specify: White þ 3 □ Widowed 4 □ Divorced Year or Datas: WWII Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16h Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) Maintenance Supervisor Department of Agriculture is marked other 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Be Mental Newton Elgin Gray Lula Mae Wilson 2 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informant's Name/Relationship (Type, Print) 5425 67th Avenue, Riverdale MD 20737 mportant: If Item 27 Marie Gray - Spouse 20b. Place of Disposition (Name of cametery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stata Department of 1 Burial 2 ☐ Cremation 3 ☐ Removal from Stata Maryland Veteran's Cemetery 6/10/97 Cheltenham, Maryland 4 ☐ Donation 5 ☐ Other (Specify) of Funeral Service Licensee 22. Name and Address of Facility Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue, Hyattsville MD 20781 Thompson 23e. Part 1. Entail he disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** ACUTE MYOCARDIAL INFARCTION /Medical Immediate Cause (Finel disaasa or condition resulting in death) Examiner PoloGENIC Examiner burial-trensit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or trijury thet initieted events rasulting in death) Last Bud Box 68760. certificate be Physician/Medical the ò P.O. I Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? ARCINOMAPROS. 4 1 Yes 2 No 3 Probably 4 Unknown Records. þ 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy completion of causa of death? page 2 s certificate hes 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital Be 25. Wes case referred to medical 26. Plece of Death (Check only one) Hospitat: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yas 2 No 2 ER/Outpatient 3 DOA this 27. Manner of Death 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred After t Certification: To the Hospital or Attending I within 24 hours efter death.

To the Funeral Director: After 5 Pending Investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcide 28e. Placa of Injury - At home, ferm, street, lactory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 4 Homlcide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only

State Registrar

31. Date filed (Month, Day, Year) JUN 09 1997

30. Name and address of person who

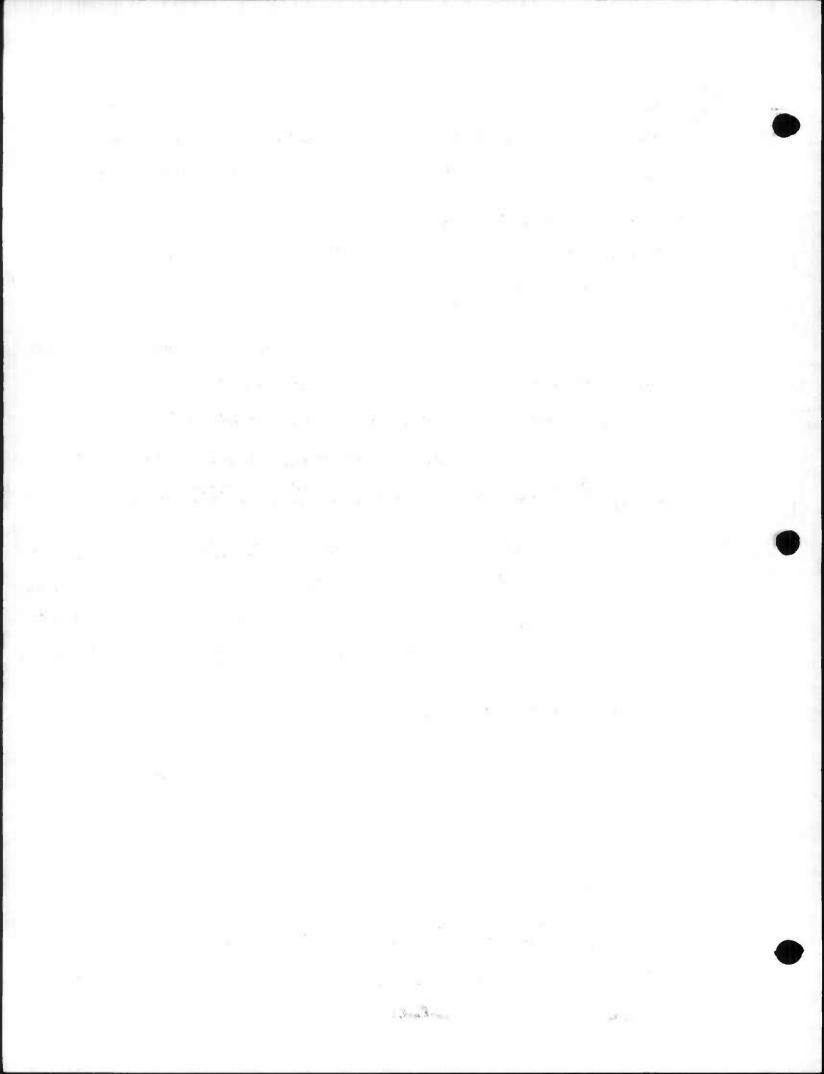
29b. Signature and title of cartilie

(Hem 23a) (Type, Print) A PARKWAY GREENBELT MD2=770 209 32, Registrar's Signature Juli Studier Re

29c. License number

29d. Date signed (Month, Day, Year)

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Date of Death 3. Tima of Death Month **Physician** JUNE /Medical 4b. City, 4c/County of Death 4a. Facility Nama (If not institution, give street and number) Town or Location of Death Examiner If Under 24 Hrs. 8. Hours Min. If Under 1 Year Months Days 5. Social Security Number 7. Aga (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** Days 1□M 2M 176-20-6624 Yrs. Director Usual Rasidanca of Decedent permit. Pagas 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mental Hyglena. Important: if Item 27 is marked other than "natural", or Items 23a or 28a-f show any Injury or other traumetic event, the Healtest Examinar must be notified as any Injury or other traumetic event, the Healtest Examinar must be notified as any Injury or other traumetic event, the Mealtest Examinar must be notified as any Injury or other traumetic event. 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yas 2 No Director Charles HQUASCO 10g. Citizan of What Country? 10e. Street and Number 10f. Zip Coda 20608 4.5. A 16605 St. Marys Church Kd. Funeral . Was Decedent Ever In U.S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yes or No-lf Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, 11. Maritai Status Black, Whita, atc. 1 ☐ Yes 2 ☑ No If Yes, Give Yaar or Datas: 1 ☐ Never Married 2 ☑ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No þ Black 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Collega (1-4or 5+) Elamentery/Secondary (0-12) Social Board of Education Worker 17. Fathar's Nama (First, Middle, Last, Be Leatherbury 10 MOMAS 19e. Informant's Name/Ralationship (Type, Pnnt) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City 16605 Geathers 20b. Placa of Disposition (Nama of cematary, cramatory or other place, 20a. Mathod of Disposition Date Burial 2 Cremation 3 Ramoval from State 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature Junaral Service Licensas cut LANG, Md. 20748 Hodges + 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical Immediate Cause (Finai disaasa or condition rasulting in death) Veer Examiner Physician/Medical Examiner The law requires that the death certificate be axecuted attending physician and for usa as the burial-transit Sequentially list conditions, if any, laading to immadiate cause. Entar Underlying Causa (Disaase or injury that initiated evants resulting in death) Last Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Due to (or as a consequance of) signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 XYee 2 No 3 Probably 4 Unknown COPD Completed by 24b. Wara autopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy performed? i cartificata has b 2/1 No 1 ☐ Yas 2 ☐ No or Attending Physician: 25. Was casa referred to medical axaminar? funarel director. Be 26. Place of Death (Check only ona) To Othar: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 1 Yas 2 No 1 Ninpatiant 2 ER/Outpatient 3 DOA After this 27. Manner of Deeth 28e. Data of Injury (Month, Day Year) 28d. Dascribe how injury occurred 28b. Tima of 28c. Injury at Work? Certification: 1 Natural 5 Panding investigation after death. 1 Yas 2 No 2 Accident 6 Could not be datarmined 3 ☐ Suicida 281. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) filled in by 4 Homicida 24 hours a Hospital 29e. Certifier Medical 🗺 Certifying Phyeician: To the best of my knowledge, daath occurred at tha time, date and piece, and due to the ceuse(s) end mannar as stated. noiataly (Check only one) 2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. To the Vithin 2
To the Complete 29b. Signatura and thia of certifier 29c. Licanse number 29d. Date signed (Month, Day, Year) G46478 30. Name and address of person who completed cause of daeth (Itam 23a) (Type, Print) Suresh A. Patel. MD 750 surratts Rd. # 322. dinton MD

39 Ragistar's Signature

Registrar DHMH 16 Rev 6/95

State

31. Date filed (Month, Day, Year)

JUN 09 1997

SALE OF LONGING

State of Maryland / Department of Health and Mental Hygiene 97 1924

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Registrar

State

31. Dete filed (Month, Dey, Year)
JUN 09 1997

Division of Vital Records, P.O. Box 68760,

GORDON EDIZABETH.
Baltimore, Maryland 21215-0020

State of Maryland / Department of Health and Mental Hygiene 97 19243

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State of Maryland / Department of Health and Mental Hygiene 0 7

						Certificate c	of Death	Re	g. No.	/	17644
	Dhuais		1. Decedent's Neme (First, Middle, L	ast)				2. Dete of Deet! Month	Day	Yeer	3. Time & Deeth
Į.	Physic /Medi		ANNA	MARY	HE	MPHILL		JUNE		997	7:15 PM
	Exami		4a. Facility Nama (If not Institution, g	iva street and number)			4b. City, Town, or I	ocation of Death	4c. County	of Death	
L	3.0		11801 ST. MARTI	N'S NECK RO	AD		BISHOPV			CESTE	ER .
	Funeral Director			Sax 7. Age	(In yrs. last bir 63	thday) If Undar 1 Ya Yrs. Months Da		8. Data of Birth (Month, Dey, SEPT 15	Year)	9. Birthp Cour MARY	piece (State or Foreign htry)
		9. 1	218-30-1876 Usuel Residence of Decedent		- 03			peri. 13	, 1900	TIAKI	LAND
	ylend		10e. Stete 10b. County		10c. City, Tow	n or Location				1	0d. inside City Limits
	Mar Mar	to	MARYLAND WORCES'	TER	BISH	OPVILLE					1 ☐ Yas 2 🖾 No
	年 28	Director	10e. Street and Number			10f. Zip Cod	0	10	g. Citizen of V	What Cour	itry?
	23a		11801 ST. MARTIN	'S NECK ROA	.D	21	.813		U	SA	
	tem tem	Funeral	11. Mantai Status	12. Wes Decedant E Armed Forces? 1 ☐ Yas 2 🖾 N	var in U,S.	13. Wes Decedent of if Yas, specify C	of Hispanic Origin? (S Juban, Mexican, Puart	pecify Yes or No- p Rican, atc.)		e - Amaric k, White,	ean indian, etc.
020	n 72 hours after death with the Maryland "natural", or frams 23a or 28a-f show added Examiner mast be notified at	by F	1 ☐ Nevar Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yas 2 ☑ N if Yas, Give Year or Detes:	lo	1 □ Yes 2 💆 1	No Specify:		Specify	WHI	TE
21215-0020	72 hor	Completed	15. Decedent's I	Education	18e.	Decedent's Usuei Oc	cupation	kha	6b. Kind of Bu	usiness/Ind	dustry
12		nple	Elementery/Secondery (0-12)	College (1-4or 5	+)		na during most of wor tired)	Ally			
7	s 1 end 2 should be flied within f Heelih end Mental Hygiene. Item 27 is marked other than other traumatic event, the M		47 Feshada Nama /First Middle Lan	2		HOMEMAK			OWN HO		
and	Mental F Merked of	Be	17. Fathar's Nema (First, Middle, Las					ne (First, Middla, M	laiden Sumen	10)	
Maryland	should b and Menta marked umatic e	To	CASHER P. MORR 19e. informent's Neme/Raiationship		106	Mailing Address (Ctr	KATHRY			Chata Tia	0040
Ma	and 2 sho eith end 27 is m					. Meiling Address (Str					
ē,	Heeith Heeith Jem 27		C. WILLIAM HEMPH 20e. Method of Disposition	LLL/HUSBAND	20b. Piece of	Disposition (Neme of			Oc. Location -		ARYLAND218
JUO T	Pages nent of mt: If its iry or o		1 Burial 2 □ Crametion 3 4 □ Donation 5 □ Other (Spec			ry, cremetory or other		/7/97 BI	CHODUT	TIE	MADVIAND
altimore,	교 된 본 론 근		21. Signature of Porperal Service Lice		PISHOP	VILLE CEME' 22. Nama and Ad		///9/ D.	LSHOPVI	و نابابا.	MARYLAND
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	/Medicai Examiner		immediete Cause (Finei diseese or condition	Dear	1 m	70 mW					Lowks
Н	Examiner		resulting in death)		Due to (or es a	consequence of):				i	
	bed is	Examiner		b							
-6	rtificate be executed ng physician and s as the buriel-transit	Exar	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury		Due to (or es e	consequence of):				1	
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	ing phy e as th	Medical	resulting in death) Last	•	oua to (oi 65 a t	consequence ory.					
Box	S & S	ary.		d						i	
	thet the deeth ce ed by the attendi detached for us	Physician/	Pert ii. Other significant conditions	contributing to death bu	t not rasulting in	the underlying cause	given in Pert i.	23b. Did tol	acco use co	ntribute to	the cause of death?
P. O.	et the	Ph						1 □ Ye	8 2 No	3 Prol	bably 4 Unknown
	the set	by									
oro	The law requires thet the deeth at a been signed by the atterpage 2 should be detached for the	Completed						24a, Wes an perform		av	are autopsy findings alleble prior to mpletion of cause
Sec	has b	nple									death?
<u>e</u>	cata l							1 □ Ye	s 2 No	1 [Yes 2 No
<u> </u>	ician: The certificata rector, pag	Be	25. Wes case referred to medical examiner?	Hospitei:			Other	th (Check only one)		
ō	Phys this rai di	12	1 ☐ Yes 2 No 27 Menner of Deeth	1 Inpatiar 28a. Dete of Injur		tpatient 3LI DOA	Other: 4 Nursing H	ome 5 Residar	nce 8 Oth		y)
O	ding h. After fune	tlon	1 Netural 5 ☐ Pending	(Month, Day		njury V	njury et Nork? I ☐ Yes 2 ☐ No	200. Describe no	w injury occurs		
Division of Vital Records,	Attending Physician: or death. ector: After this certific by the funeral director,	flca	3 ☐ Suicide 6 ☐ Could not	DB Dinos of inju	ry - At home, fe	rm, street, fectory, offic		28f. Location (Str	eet and Numb	er or Rura	I Route Number.
	after Dire	Certification:	4 ☐ Homicide determined	building, etc.	(Specify)	,,		City or Town			
	To the Hospital or Attending Physician: The I within 24 hours after death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page		29e, Certifier 1X Certifying P	hysician: To the best o	f my knowledge	, deeth occurred et the	e time, dete end place	and due to the ce	use(s) and me	nner as s	lated.
	n 24 n 24 pietel	edical	(Check only 2 Medical Exa	miper: On the basis of	axaminetion en	d/or invastigetion, in m	y opinion, deeth occu	rred at the time, da	te end piace,	and due to	the cause(s)
	With To th	8	290. Signature and title of certifier	> >	1	29c. Lice	ense number	29	d. Data signe	d (Month,	Day, Year)
		X		VEZ	10 No	1)	4637	8	66.0	25.	97
		İ	30. Neme and eddress of person who	completed ceusa of de	eth (item 23a)	111	\ 0	C 11			
			Jan Il. Kee	1. W.D. 20	O Kine	side It. Su	40 R30A.	Sailkl	1 MA	111)	8/201
	Sta Registr		JUN 06 1997	32. Registra	r's Signature	,					
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	10.7	Decedent's Name (First, Middle, Las	st)		Pertificate of	Death	2. Dete of De	Reg. No.	7 1	924 Time of Deat
Physic /Medi	cal	Clemens John Helt 4e. Fecility Neme (If not institution, give	emes, Jr.			4b. City, Town, or I	Month May	Dey 30, 1	Yeer 997 1	0:30 1
Examination Examin		8769 Hickory Hill 5. Social Security Number 6. So 502-30-9204		In yrs. last birtho	(ey) If Under 1 Year Months Days	Walkersv	ille 8. Date of Bi	Frede		
how		Usuel Residence of Decedent 10a. State 10b. County	1	0c. City, Town o	r Location				10d. Ir	nside City Lin
28a-f show	Director	Maryland Frederic	k V	Valkersv	ille			10g. Citizen of W		□Yes 2🎘
s 23a o	eral D	8769 Hickory Hill			21793			USA		
"natural", or itams 23a or 28a-f shoreotral Examiner inval be nutified at	by Funeral	11. Meritel Stetus 1 □ Never Married 2 ☒ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent Eve Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Year or Detes:	1962- 1964	I3. Was Decedent of I If Yes, specify Cub 1 ☐ Yes 2 ☑ No	en, Mexican, Puert	pecify Yes or No Pican, etc.)		a-American In k, White, etc. : : White	dien,
than	Completed	15. Decedent's Ed (Specify only highest grad Elementary/Secondery (0-12)	ucation de completed) College (1-4or 5+)	16a. Do	ecedent's Usual Occupive kind of work done to DO NOT use retire	during most of worked)		16b. Kind of Bu	siness/Industry	
d o b	To Be C	17. Father's Name (First, Middle, Last) Clemens J. Heltem	es. Sr.			18. Mother's Nan	ne (First, Middle	Meiden Surnem	в)	
0 00 2	F	19e. Informant's Neme/Relationship (T	ype, Print)		eiling Address (Street	end Number or Ru	ral Route Numb	per, City or Town,		9)
Heal That		Kay Mangen Heltem 20e. Method of Disposition 1X Buriei 2 □ Cremetion 3 □ I	Removal from State	20b. Place of D	9 Hickory sposition (Neme of cremetory or other pla	ce)	Date 5/4/97	20c. Location -		
Department of Healimportant: If item any Injury or other once.		21. Signature of Funeral Service Licens		Resthav	en Memoria 22. Name end Addre 1621 Oposs	ess of Fecility Sta	auffer :	Frederick	Home	
ysician		23a Parti Errer he disease, or comp shock or leart failure. List only of	lications that caused the one cause on each line.	e death. Do not					App	702 roximete val Betwee et end Deal
physician and street bunder transit	al Examiner	Immediate Ceuse (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury	b. —	e to (or as e con	sequence of):	ICER			61	4 ONTI
ettending physi d for use es the b	an/Medical	resulting In deeth) Last	d.	e to (or as e con	sequence of):					
ed by the ett detached fo	Physiclan/N	Pert II. Other algnificant conditione con	ntributing to death but n	ot resulting in th	e underlylng cause giv	ven in Pert I.		tobecco use con		
	by							Yes 25-No	3 Probably 24b. Were et	
5.8	8						perfe			ion of cause
ate hes been sign page 2 should be	Completed				·		perfo		of death	. /
ate hes been sign page 2 should be	0	25. Was case referred to medical examiner?	Hospital: 1 ☐ Inpatient	2 ☐ ER/Outpa	tient 3□ DOA Oth	26. Piece of Dea	perfo	Yes ANO	of death	. /
ate hes been sign page 2 should be	To Be	examiner? 1 Yes 2 No 27. Menner of Death Anaturel 5 Pending C Accident investigation	28a. Dete of Injury (Month, Dey Ye		of 28c. Injur y M 1	ner: 4□ Nursing Ho	perfo	Yes PNo one) dence 8 Othe how injury occurre	of death 1 □ Yes or (Specify) ed	≯SN0
iffer death. Nrector: Affer this certificate hes been signi in by the funeral director, page 2 should be	Certification: To Be	examiner? 1 Yes 2 No 27. Menner of Death	28a. Dete of Injury (Month, Dey Ye 28e. Place of Injury building, etc. (S	28b. Time Injure - At home, farm, Specify)	e of 28c. Injur Wor M 1 =	ner: 4 □ Nursing Ho y at k? Yes 2 □ No	performance of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check on	Yes PNo one) dence 8 Othe how Injury occurre Street end Number	of death 1 □ Yes or (Specify) and or or Rural Rou	≯SN0
iffer death. Nrector: Affer this certificate hes been signi in by the funeral director, page 2 should be	ledical Certification: To Be	examiner? 1 Yes 2 No 27. Menner of Death Alaturel 5 Pending investigation 3 Suicide 6 Could not be determined 29a. Certifier (Check only one) Summer 20 No 5 Pending investigation 6 Could not be determined	28a. Dete of Injury (Month, Dey Ye	- At home, farm, Specify) y knowledge, de emination and/or	e of y M 28c. Injury Wor 1 Street, fectory, office	All Nursing Hove the Nursing Hove the Nursing Hove the Nursing Hove the Nursing Hove the Nursing House	performance of the control of the co	Yes No one) dence 8 Othe how injury occurre Street end Number win, Stete) ceuse(s) and mar dete end place, e	of death 1 Yes or (Specify) od or or Rural Rou oner es stated. and due to the o	te Number,
fler this certificate hes been signi ineral director, page 2 should be	Medical Certification: To Be	examiner? 1 Yes 2 No 27. Menger of Death Accident 3 Suicide 4 Homicide 29a. Certifier (Check only) Yes 2 No Pending investigation	28a. Dete of Injury (Month, Dey Ye 28e. Place of Injury building, etc. (See Lician: To the best of mer: On the basis of execution of the manner steted	28b. Tim- Injuria- At home, farm, Specify) by knowledge, designment of the control of the contr	street, fectory, office ath occurred et the tir investigation, in my o	ner: 4 Nursing Ho y at k? Yes 2 No me, dete end place, plnion, deeth occur en number	performed in Check only of the Check only only only only only only only only	Yes PNo one) dence 8 Othe how Injury occurre Street end Numbe wn, Stete) ceuse(s) and mar dete end place, e 29d. Dete signed	of death 1 Yes or (Specify) od or or Rural Rou oner es stated. and due to the o	te Number,

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						Cert	ificate of	Death		Reg. No.		19246
ľ	Physic	ian	1. Decedent's Neme (First, Middle, Li						2. Date of De	Day	Yeer	3. Time of Deeth
W	/Medi		ATLEE G.	HUFFER					Month May	29, 19	97	3:00 P.M.
	Exami		4e. Fecility Neme (If not Institution, gir	ve street end number)				4b. City, Town, or L	ocation of Deet	h 4c. Count	y of Deeth	
	MRG		408 Culler Ave					Frederic			deric	
	Funerai Director			10VM o□ E	je (In yrs. ies 79	t birthday) Yrs.	If Under 1 Year Months Deys	If Under 24 Hrs. Hours Min.	8. Date of Bir (Month, De Dec. 2	th by, Yeer) , 1917	9. Births Cour Mar	plece (Stete or Foreign http) YLand
	and w		10e. State 10b. County		10c. City, T	Town or Loca	ation				1	I Od. Inside City Limits
	Many f sh	ō	Maryland Frede	rich	Tho	deric	l _a					XXYes 2□No
	28e	Directo	10e. Street end Number	WCK	FILE	ueuc	10f. Zip Code	7.1		10g. Citizen of	Whet Cour	ntry?
	3a o		408 Culler Avenu	10			217	7.0.1		United	Stat	0.6
	deati	Funerai	11. Marital Status	12. Was Decadent	Ever in U,S.	13. W		lispenic Origin? (Sp en, Mexican, Puerto	ecify Yes or No		ce - Americ	en Indien,
21215-0020	within 72 hours effer death with the Maryland sne, than "natural", or items 23s or 28s-f show ha Medical Examinet must be notified at	by	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 Yes 2 If Yes, Give Yeer or Detes:	No		Yes, specify Cub		Rican, atc.)	Specil	ry: White,	etc. ite
5-0	be filed within 72 ho ttal Hygiene. d other than "natur event, the Madical	Completed	15. Decedent's E (Specify only highest gr	ducation	1	6e. Decede	nt's Usuel Occup	petion	ina	16b. Kind of B	Business/Inc	dustry
21	within ene. than "	nple	Elementery/Sacondary (0-12)	College (1-4or :	5+)			during most of work d)	ang.			
	Hygier ther th	Co	6th		M	otor	Vehicle	Operator		State 1	lighwa	ay Adminisa
Suc	d out	Be	17. Fether's Neme (First, Middle, Last					18. Mother's Nem	e (First, Middle	, Maiden Sumer	me)	
Maryland	d 2 should be filed within the end Mental Hygiene. 7 Is marked other than traumatic event, the M	To	George Carlton	uu u					Grace			
Jai	200		19a. Informent's Neme/Reletionship (**		_		end Number or Rur				
Baltimore,	permit. Pages 1 end Department of Health Important: if item 27 any Injury or other tr		Ellen C. Stull Hu 20e. Method of Disposition 12 Buriel 2 Cremetion 3 C 4 Donetion 5 Other (Special States of Funeral Service Load	Removel from State	20b. Plec cam	haven 22.1	Memoria Name end Addre		6/2/9 mffer 1	7 Frede Funeral	erick, Home	, Maryland s, P.A.
	- 101		23a. Part1 Enter the disease or com	Olombins that cause	startingth I	Do not enter	the mode of duli	and such as cardiac	or respiratory	raerick,	MU	21702 Approximete
	Physician		shock, or heart failure. Use only	one cause on each fi	he	DO HOL GINGI	the mode of dyn	ig, sucit es cerulec	or respiretory e	11651,		Intarval Between Onset end Deeth
	/Medical		Immediete Ceuse (Final	Mat	61.1		Post	ate Co				1
	Examiner		disease or condition resulting in death)	e. 146 m	oter	r CC		with Co	mær		i\	leavs
_		ē			Due to (or es	s a conseque	ence ot):				1	
	uted d ansit	Examiner	Sequentially list conditions	b	Due to (or es	e conseque	ance of):				1	
ó	tificate be axecuted ig physician and as the bunal-transit	Exa	Sequentially list conditions, if eny, leading to Immediate ceuse. Enter Underlying Ceuse (Disease or injury that initiated events		Due to (6) 63	o o conseque	stroa orj.					
68760,	yslcie	edical	Ceuse (Diseese or injury thet Initiated events	C	Due to (or es	e conseque	ence of):					
Box 68	1 0 6		resulting In deeth) Lest	d								
-	death cert	Physician/M	Pert II. Other significant conditions of	ontribution to death by	ut met reeuitier	a la the und	arbina sousa si	on in Dark I	note Divi	10haaaa waa aa	and all houses du	the cause of death?
P.0	that the dended by the a	hys	1.1	ontributing to death of	at not resulting	ig iii tila tillo	enying cause giv	on in Poici.	1 🗆		3 □ Prol	
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of Vital Records,	been s	Completed t	Bilateval	Uvete	val (اعمال	tructi	on		an eutopsy ermed?	eve	are autopsy findings eilable prior to mpletion of cause daath?
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a	an: tifica tor, p	Bec	25. Wes case rafarred to medical					26. Plece of Deat			1	
>	5 00	ToE	exeminer? 1 ☐ Yes 2√ No	Hospitel: 1 ☐ Inpatle	nt 2 ER	/Outpetient	3□ DOA Oth		,	dence 8 Oth	ner (Specifi	v)
ion oi	Attending Physic death. actor: After this by the funeral d		27. Menner of Death 1 Death 5 Pending Accident Investigation	28a. Dete of Injur (Month, De)	ry 28	b. Time of Injury	28c. Injur Wor		-	how Injury occur		
Division	or Attending safter death. I Director: After d in by the fune	Certification:	3 Suicide 6 Could not b determined	28e. Pleca of Injubuilding, etc	ury - At home c. (Specify)	, ferm, stree	t, fectory, office		28f. Location (City or To		ber or Rura	I Route Number,
	To the Hospital or Attending Phwithin 24 hours after death. To the Funeral Director: After this completely filled in by the funeral	edical	29a. Certifier (Check only one) 1 ☐ Certifying Ph 2 ☐ Medical Exam	ysician: To the best of niner: On the basis of end menner ste	examination	dga, daeth o and/or inves	ecurred et the tir stigetion, in my o	ne, dete end pieca, pinion, daath occurr	end due to tha red at tha tima,	ceuse(s) and modata and plece,	enner es si end due to	teted. tha cause(s)
	Vithi To th	×	29b. Signeture end title of pertiller	,			29c. Licens	7.77		29d. Date signe	d (Month,	Dey, Year)
			Cotherson	un			D47	556	5	130/97	7	
		1	30. Name and address of person who	completed cause of de	aath (Itam 23	a) (Type, Pr						
				NSON MD	.187	THUN	145 Joh	HUSEN DR	IVE, F	LEDER	ICK I	MD 21702
	Sta	te	31. Dete filed (Month, Day, Year)	32. Registra	r's Signeture	0					-	10=
	Registr	ar	JUN 02	1997 Sal	m dikuw	untar	Salla					

The server of th A STATE OF THE STA

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decadant's Nama (First, Middla, Last) 2. Data of Death **Physician** Evelyn June 3, 1997 Pauline HARLEY 10:58mm /Medical 4a. Facility Nama (If not Institution, giva street and numbar) 4b. City, Town, or Location of Death 4c. County of Death Examiner Frederick Memorial Hospital Frederick Frederick If Undar 1 Yaar 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) 8. Deta of Birth (Month, Day, Yaar) Birthplaca (Stata or Foraign Country) **Funeral** 1 □ M 2X F Months Days 219-03-6759 80 Yrs. Director Jun 16, 1916 Maryland Usual Residence of Decedant the Maryland 10a. Stata 10b. County 10c. City. Town or Location r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 10d. Insida City Limits Director Maryland Frederick Frederick 1X Yas 2 No 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? death with 1328 Appletree Court 21703 U.S.A. Funerai 12. Was Decedanf Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☒ No If Yas, Giva Yaar or Datas: Was Dacedant of Hispanic Origin? (Spacify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian. Black, Whita, atc. pemit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mantal Hygiene. Important: if Item 27 Is marked other than "natural", or the limportant: if Item 27 Is marked other than "natural", or the any Injury or other traumatic event, the Medicial Examinations. 1 ☐ Navar Marriad 2 ☐ Married 21215-0020 Specify: White 1 Yas 2 No Spacify: Completed by 3₺ Widowed 4 Divorced 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) 8 Parts Assembly Airpax Baltimore, Maryland 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Surnama) Be William **CRUM** MURPHY Sarah Jane ျှ 19a. tnformant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Larry F. Harley 1328 Appletree Court, Frederick, Maryland 21703 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata 20a. Mathod of Disposition Data Burial 2 Cramation 3 Ramoval from Stata Resthaven Memorial Gar Jun 5, 1997 Frederick, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) re of Funeral Service License 22. Nama and Address of Facility Keeney & Bastord P.A. Funeral Home MO0706 106 East Church Street, Frederick, Maryland 21701 or complications that causad the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, List only one cause on each line. Approximete Interval Betwaen Onset and Deeth **Physician** /Medical Immediate Cause (Final Restrictive disaasa or condition resulting in death) Examiner Examiner Gastrointestinal Iweck Hospital or Attending Physician: The law requiras that tha death certificate be assouted buriel-trensit Sequantially list conditions, if any, leading to Immadiata ceuse. Entar Undarlying Causa (Disaase or Injury that Initiated events rasulting in death) Last Dua to (or es e consequance of): P.O. Box 68760. physician Physician/Medical the Dua to (or as a consequence of): been signed by the e should be deteched f Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? 1 Yas 2 No 3 Probably 4 Unknown Division of Vital Records. Completed by 24b. Wara autopsy findings availabla prior to complation of causa of death? 24a. Was an autopsy performed? page 2 1 Yas 2 No 1 ☐ Yas 2 ☐ No certificate director, Be 25. Was cesa rafarred to medical axaminar? 26. Place of Death (Chack only one) Hospital: Other: 4☐ Nursing Homa 5☐ Rasidance 8☐ Othar (Specify) Certification: To 1 Yas 2 No 1. Inpatiant 2 ER/Outpatienf 3 DOA this filled in by the funeral 27. Menner of Daeth 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how Injury occurred 28c. Injury at Work? After 1 Natural 5 Panding Invastigation 1 ☐ Yas 2 ☐ No 24 hours after death. 2 Accidant 3 Suicide 6 Could not be determined 281. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, office building, etc. (Specify) 4 Homicida edical 29a. Cartifiar 1 Certifying Physician: To tha best of my knowladga, daath occurrad at the tima, dete and place, and dua to the causa(s) and manner as stated. completaly (Check only one) 2 Medical Examinar: On the basis of axaminetion and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. within 2 To the ş 29b. Signatura and fitle of certifian 29c. Licansa numbar 29d. Data signad (Month, Day, Yaar) D41619 MD 30. Name end eddrass of person who complated cause of death (Itam 23a) (Type, Print) 15 E. Frederick St. Walkersville MD Michael Lerner, MD 31. Deta filad (Month, Day, Year) 32. Registrar's Signetura State JUN 0 5 1997 Registrar

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Deeth Month **Physician** 3, Gordon Wilson 1997 Harne June 7:29PM /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 2376 Glenmont Circle - Apt. T-7Silver Spring Montgomery If Under 1 Year If Under 24 Hrs. 5. Sociei Security Number 6. Sex 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Yeer) Birthpiece (Stete or Foreign Country) **Funeral** 1**⊠** M 2□ F Months Days Hours Yrs. 215-20-9781 Director May 29, 1927 Maryland Usual Residence of Deceden with the Maryland 10e Stete 10b. County r than "netural", or items 23s or 28s-f show the Medical Examiner must be notified at 10c. City. Town or Location 10d. Inside City Limits Maryland Director 1 ☐ Yes 21 No Montgomery Silver Spring 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20902 2376 Glenmont Circle - Apt. T-7 American Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. hours efter 1 Never Married 2 Married ☐ Yes 2 No Yes, Give Specify: White altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: by 3 Widowed 4 Divorced Year or Dates: Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry illed within 7. I Hyglene. Montgomery County Eiementery/Secondary (0-12) College (1-4or 5+) pemit. Pages 1 and 2 should be filed will Department of Heelth end Mental Hyglen. Important: If item 27 is marked other that sny injury or other traumatic event. 8 Painting Supervisor Public School System 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) Be Harshman Franklin Ernest Harne 19a. Informent's Neme/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code Sharon Ann Roderick - Daughter 6803 Church Court, Frederick, Maryland 20b. Piece of Disposition (Name of cemetery, crematory or other place) 20a, Method of Disposition 20c. Location - City or Town, State 1 ■ Burial 2 □ Cremation 3 □ Removal from State 6/7/97 Pleasant Hill Cemetery Monrovia, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Fune ai Service Licenses 22. Name and Address of Fecility Honert Olin L. Molesworth P.A., Funeral Home Villiams 23a Part Erner the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, 20872-0117 Approximete Intervai Between Onset end Deeth Physician Immediate Cause (Finel disease or condition resulting in death) /Medical . RESPIRATORY FAILURE 1 WEST Examiner Examiner 3 MONALS LIVER CANCER METASTATTC TO LUNG The law requires that the death certificate be executed physician end Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Box 68760. Physician/Medical Due to (or as e consequence of) USB as ettending p P.O. 1 Part tt. Other signtfloant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown CHEONIC OBSTRUCTIVE PULMONARY DISOASE signed b Records, þ Completed 24b. Were eutopsy findings available prior to 24e. Was en autopsy completion of cause of death? page 2 s 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate Division of Vital Hospital or Attending Physician: '24 hours after death. Funeral Director: After this certifica liely filied in by the funeral director, g 25. Wes case referred to medicel examiner? Be 26. Place of Deeth (Check only one) Hospitai: 1 Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No Certification: To 2 ER/Outpatient 3 DOA 27. Manner of Deeth 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Naturei 2 Accident 5 Pending Injury 1 ☐ Yes 2 ☐ No investigation 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital within 24 hours a To the Funeral Completely filled 15 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29a. Certifier Medical 29b. Signeture and title of certifier 29d. Dete signed (Month, Day, Year) 29c. License number 30. Name and address of person who completed ceuse of death (Item 23e) (Type, Print) Steven T. Kariya, M.D. 16220 Frederick Road - #213, Gaithersburg, Maryland 32. Rediction's Signature 31. Date filed (Month, Day, Year) State JUN 06

Registrar

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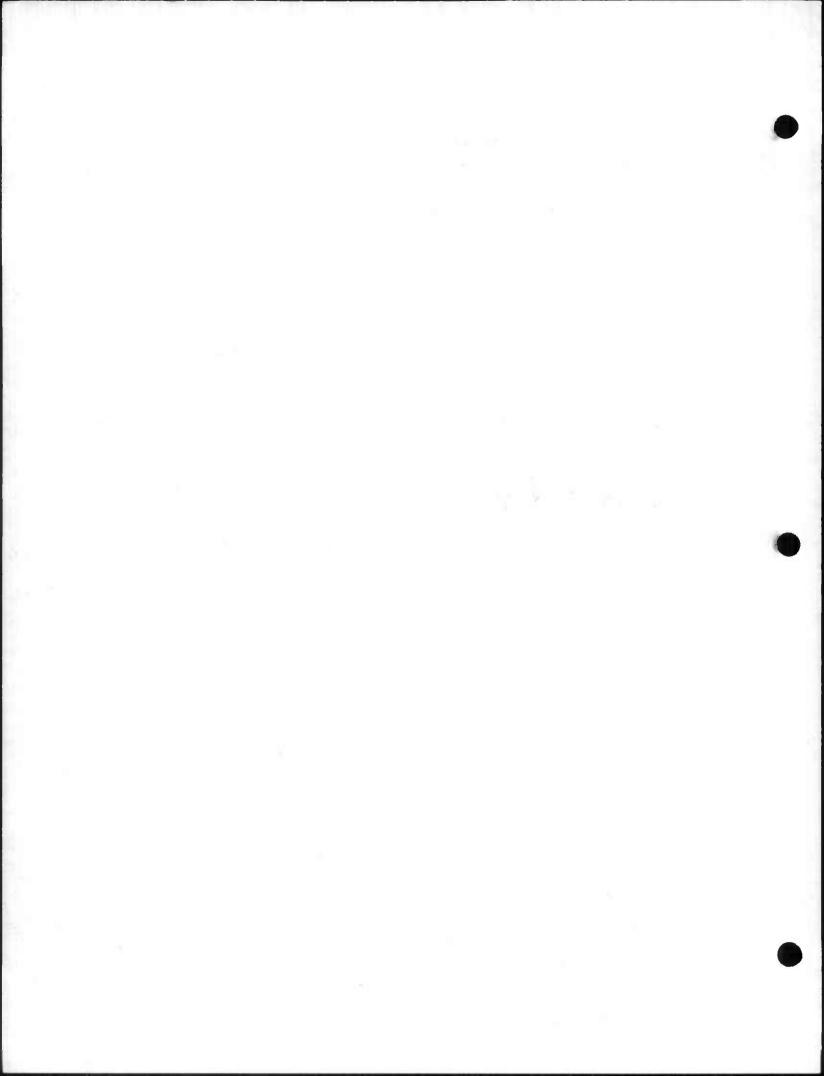
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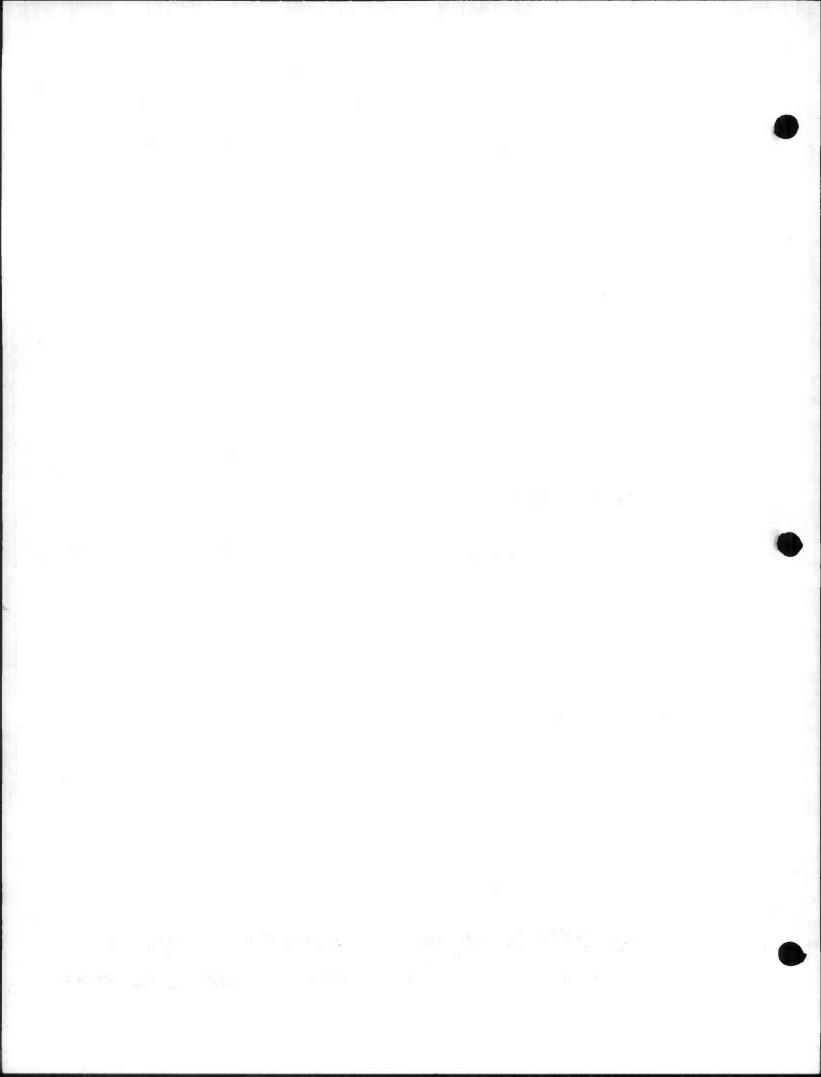
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State of Maryland / Department of Health and Mental Hygiene

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BRIAN M. O'CONNOR MD 501 W. SEVENTH ST., FREDERICK MD 21701			Museld actives of will	121/6/		11/97	
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Registrar IIIN 1 R 1007 Pela develor R. 100		tate	31. Data filad (Month, Day, Yeer) 32. Ragistrar's Signature)	



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2 Detact Death

					Ce	rtificate	e of	Death	1		Reg. No.	3	1	19291	
- A-1 - A		Decedent's Name (First, Middle, Last)								2. Date of Death 3. Time of Dea					h
Physic /Med		Wells Harring	rington							June 1 199			Year	6:45 pm	
Exam		4a. Facility Neme (If not institution, give street and number)				4b. City, Town, or			own, or Lo		ith 4c.		of Death	ov 15 pm	
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Funera	1	5. Sociel Security Number	6. Sex	7. Age (In yrs. last birthday) If Under				if Under	verly	8. Date of B	irth	· IIIC	ce George's 9. Birthpiece (State or Foreign Country) Wisconsin		igr
Directo		578-32-0042	1⊠M 2□ F	91	Yrs.	Yrs. Months Day		Hours	Min.	Jan.					
· p		Usual Residence of Decedent													
show the	_											0d. Inside City Lim	lts		
e Me	ts e	Maryland Charles LaPlata										1 X Yes 2 □ I	No		
with the Maryland a or 28a-f show	i-e	10e. Street and Number 10f. Zip Code 10g									10g. Citiz	en of W	/hat Coun	itry?	
23a	a	1038 Wiltshire Drive 20646 U.S.A.									Α.				
5-0020 72 hours after death with the Maryland natural, or items 23s or 28s-f show and Evantine must be notified at	Funeral Director	11. Marital Stetus	12. Wes Dec Armed F	cedent Ever in U,S	. 13.	 Was Decedent of Hispanic Origin? (Speif Yes, specify Cuben, Mexicen, Puerto 				ecify Yes or N	10- 1		- Americ	an Indian,	
20 safta		1 Never Married 2 Marr	If Vac G	1 ☐ Yes 2 No If Yes, Give		1 ☐ Yes 2 ☒ No Specify:				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Specify:			
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5- 721	Completed	15. Deceden (Specify only highes	t's Educetion st grade completed)	etion 16e.		Decedent's Usuel Occupation (Give kind of work done during most of work life. DO NOT use retired)				Ing		. Kind of Business/Industry			
within ene.	m d	Elementery/Secondary (0-12)		College (1-4or 5+)								ited States Office			
	ပိ	17 Fether's Name /First Middle		5+ Ed1			ducational Statistici			Lall		of Education			
yland ould be filed Mental Hyg arked other	8	17. Father's Name (First, Middle,									e, Meiden 3	, Meiden Sumeme)			
arylar should b nd Menta marked	2								y We.						
2 6 6 6		19a. Informant's Name/Relations								Rural Route Number, City or Town, Stete, Zip Code)					
		George W. Harr	ington -					re Dr	ive,	LaPla	T				
- 6 - 0		20a. Method of Disposition 1 □ Burial 2 ☒ Cremation	3 □Removal from		ce of Dispo	sition (Name matory or oth	e of ner pla	ce)	į	Date	20c. Loc	cation - (City or To	wn, State	
Baltimo pemit. Page: Department of Important: If I eny Injury or once.		4 □ Donation 5 □ Other (S)		Met	ropol:	itan C	ren	natory	06/	04/97	Alex	and	ria,	Virginia	1
Baltii pemit. P Departme Importan eny injur		21. Signeture of Funeral Service	Licensee	. 1	22	2. Name and	Addre	ss of Facili	tv	ns Fune					
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THE REAL PROPERTY.		23a. Part1. Enter the disease, or shock, or heart fellure. List	complications that	caused the death.									, , ,	Approximate Interval Between	
Physician	н												1	Onset and Deeth	
/Medical		Immediate Cause (Final disease or condition resulting in death) a. Pulmonia 7 days													
Examiner		disease or condition resulting in death) a. Humon a 7 days Due to (or as a consequence of): b. Confestive Heart Failure													
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58760, icata be asscuted physician end stree buriel-transit	Examiner	Sequentially list conditions, if eny, leading to immediate	6	Due to (or a	s e consec	uence of):	.w.	for C			4				
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68760, ificate be an physician as the burie	lica	d d													
5 0 6	Medical														
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(ecords, P.O. Bo	Physician	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							i.	23b. Did tobacco use contribute to the cause of death					th?
P.O at the d by th	Phy	Type II Diabetes Mellitus									1 Yes 2 No 3 Probably 4 Unknow				wi
S the se the bed	þ	Type					~ ~								
Records, he lew requires to a has been signed age 2 should be a	Completed									24a. Wa	24a. Was an autopsy performed?		24b. We	ere autopsy findings allable prior to	s
0 0 20	pie										ponomiou			npletion of cause death?	
CC 5 4 8	lo l									10	Yes 2	No	1	Yes 2 No	
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of Vital Physician: T this certificat ral director, pr	70	examiner? 1 Yes Yes No											()		
9 Ph		27. Manner of Deeth	28a. Dete		8b. Time of		. Injur Wor			28d. Describe					
Attending ar deeth.	atio	1 Natural 5 Pending	9	in, Day reary				Yes 2	No						
Division or Attending letter deeth. Director: After	Certification:	3 ☐ Suicide 6 ☐ Could n 4 ☐ Homicide determi	ned 286. Place	d 28e. Place of injury - At nome, farm, street, factory, office						28f. Location (Street and Number or Rurel Route Number,					
O set of or or or or or or or or or or or or or	le l	4 🗆 HOHNOIDE	building, etc. (Specify)							City or Town, State)					
Division of the Hospital or Attending Philips 24 hours effect deeth. The Funerel Director: After this funerel lied in by the funeral houses, lilled in by the funeral houses.	le	29a. Cartifier Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner as stated.												ated.	
	edical	(Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, end due to the ceuse(s) and menner stated.													
To the	Σ	29b. Signature end title of certifier 29c. License number								29d. Date signed (Month, Day, Year)					
16-		1/1/1 1/1/Bu WO 047603							13	06/02/07					
125/		30. Name end eddress of person v	who completed/cau	se of deeth (item 2)	3e) (Tyne	Print)		100			00	100	11	/	
()		Dr. William Du	11.				er l	Marlb	oro N	MD 207	774				
St	ate	31. Dete filed (Month, Dey, Year)	32 R	Registrar's Signatur	е										
Regist															
		JUN 09 1997													

William Duboyce

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First Middle, Last) 2. Date of Death Month June. **Physician** 4:48 PM Esther Goodpasture Heath /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Doctor's Community Hospital Prince George's Lanham If Under 1 Year If Under 24 Hrs. Hours Min. Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funeral** 1□M 2⊠F 579-48-5338 92 Yrs Director Washington, DC April 9, 1905 Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location permit. Pages 1 and 2 should be filed within 72 hours after death with the Manylan Department of Health and Mental Hygiene. Important: If term 27 is merked other than "natural; or items 23a or 28a-f show any injury or other traumatic event, the Medical Examinat must be notified as 10d. Inside City Limits 1X Yes 2 No Director Maryland Prince George's College Park 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 9607 50th Avenue 20740 U.S.A. Funeral 12. Was Decedant Evar in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 11 Marital Status 14. Race - American Indian, Black, Whita, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☒ No If Yes, Give Specify: White þ 3 Nidowed 4 Divorcad Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Teacher Education 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Carroll O. Goodpasture Eda Schreiber 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Richard Heath - Son 9607 50th Avenue, College Park, Maryland 20740 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition Data 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from Stata 4 ☐ Donation 5 ☐ Other (Specify) 06/09/97 Washington, DC Rock Creek Cemetery 21. Signatura of Funaral Sarvice Licensas 22. Name and Addrass of Facility Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue, Hyattsville, MD 20781 23a. Part1. Enter the disaasa, or complications that causad the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Physician** YOCARDIAL INFARCTION /Medical Immediate Causa (Final disease or condition resulting in death) Examiner Due to (or as a consequenca of) Examiner physician and the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medicai Due to (or as a consequenca of): attending p Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy Deen page 2 1 ☐ Yes 2 No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certification completely filled in by the funeral director, Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 25 No 1 Inpatient Certification: To 2 ER/Outpatient 3 □ DOA 27. Manger of Death 28a. Date of Injury (Month, Day Year) 28b. Time of Injury 28c. Injury at Work? 28d. Describe how Injury occurred 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be 3 ☐ Suicide 28e. Placa of Injury - At home, farm, straat, factory, office building, etc. (Spacify) 28f. Location (Straet and Number or Rural Route Number, City or Town, State) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

Madical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) 29d. Date signed (Month, Day, Year) 29b. Signature and 1966 29c. License number D24093 TMD 7305 BAUT. AVE COUTEGE ASK MD. 20740 31. Date filed (Month. State JUN 09 Registrar

DHMH 16 Rev 6/95

The law requires that the death certificate be executed

Box 68760.

Division of Vital Records, P.O.

the Maryland

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Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Day 4:18 **Physician** Steven Harris James San ph /Medical 4e. Fecility Nema (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death
MONTGOMERY Examiner SILVER SPRING 11200 LOCKWOOD DRIVE If Undar 1 Yaar | If Undar 24 Hrs. 5. Social Sacurity Number 7. Age (In yrs. lest birthday) 9. Birthplaca (Stata or Foraign **Funeral** Deys Hours 1 M 2□ F WASHINGTON, DC 45 Yrs. Director 578-70-5393 Usuel Residança of Decedent the Marylend 10a, State 10b. County 10c. City, Town or Location 10d. Inside City Limits d 2 should be filed within 72 hours efter death with the Manyler it and Mental Hygiens.
I is marked other than "neturel", or items 23a or 28a-f show traumstic event, The Mental Exempter must be not it to Mental Exempter. MONTGOMERY SILVER SPRING MD 1 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 20903 USA 11200 LOCKWOOD DRIVE #512 Funeral 12. Was Decadent Ever in U,S. Armed Forces? 1 ☐ Yes 2 전 No If Yes, Giva Year or Detes: Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status SINGLE Race - American Indian, Black, White, etc. 1 Naver Married 2 Married 1 ☐ Yas 2 No Specify: Specify NEGRO by 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry during most of working Elementery/Secondery (0-12) College (1-4or 5+) 12 YEARS ENTREPRENEUR 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surnama) WILLIAM P. HARRIS JR. GENNIE SANDERS 19e. fntorment's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) permit. Pages 1 end 2 st Department of Health and Important: If Item 27 is n eny injury or other treun WILLIAM P. HARRIS JR. (FATHER) 3806 22ND ST NE, WASH., DC 20018 20b. Plece of Disposition (Name of cemetery, cremetory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, Stete 6/9/97 1 ☐ Burlel 2 ☐ Cremetion 3 ☐ Removel trom State LINCOLN MEMORIAL CEMETERY SUITLAND, MD. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Servica Licenses 22. Name end Address of Fecility JOHN T. RHINES CO., INC. 3030 12TH ST NE, DC 20017 art1. Enter the disease, or complications thet caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart teilure. List only one cause on each line. intervel Between Onsat and Death **Physician** /Medical Immediate Ceuse (Final DOSE 15 mas 000 disease or condition resulting in deeth) Examiner Due to (or es e consequence ot): Examiner physician end s the bunal-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es a consequença ot): Physician/Medical Due to (or as a consequence ot): signed by the at d be detached for Pert II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 410(+) by 24b. Were eutopsy findings eveileble prior to complation of causa of deeth? Completed 24e. Wes en eutopsy performed? 1 Yas No 1 ☐ Yes 2 No Be 25. Was case reterred to medical 26. Piece of Deeth (Check only one) To Hospitai: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28e. Date of injury (Month, Day Year) 27. Menner of Deeth 28b. Time of 28c. injury et Work? 28d. Describe how injury occurred Certification: of a standing F effar death. After 1 Neturel 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide Location (Street end Number or Rurel Route Number, City or Town, State) 28e. Placa ot injury - At home, tarm, street, tactory, office building, etc. (Specify) 4 Homicide To the Hospital of within 24 hours of To the Funeral D completally filled in 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, and due to the cause(s) and menner as steted.

Baltimore, Maryland 21215-0020

Box 68760.

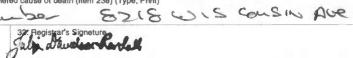
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Division of Vital Records,

31. Data tiled (Month, Dey, Year) JUN 09 199

29b. Signeture and title of cartifier

Johns



30. Name end eddress of person who completed cause of death (item 23e) (Type, Print)

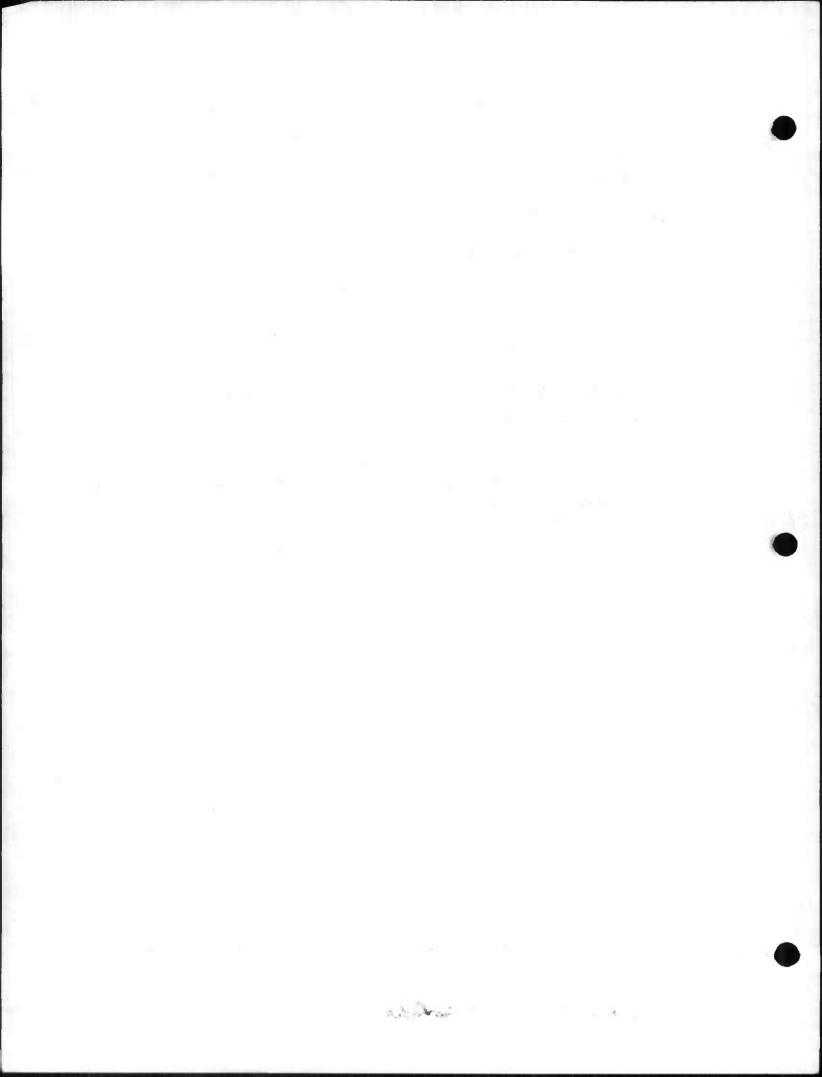
Medical Examiner: On the besis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and pieca, and due to the cause(s) and manner stated. 29c. Licanse number

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29d. Deta signed (Month, Dev. Year)

State

Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death Month **Physician** race 199 June /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner SHADY GROVE ADVENTIST HOSPITAL ROCKVILLE MONTGOMERY if Under 24 Hrs. 8. Data of Birth
Hours Min. SEPT 25, 1906 If Undar 1 Year Months Days 5. Social Security Number 6. Sex 7. Aga (In yrs. last birthday) 9. Birthplace (State or Foraign **Funeral** PENNSYLVANIA 217-56-7041 90 Director Usuei Rasidance of Dacedant filed within 72 hours efter deeth with the Meryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits r than "natural", or items 23a or 28a-f ahov the Medical Examiner must be notified at MD. MONTGOMERY SILVER SPRING MYes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 86- ELDRID DRIVE 20904 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ☒ No If Yas, Giva Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Maxican, Puarto Rican, atc.) 14. Race - American Indian. 11. Marital Status Bieck, White, etc. 1 ☐ Never Merried 2 ☐ Marriad Baltimore, Maryland 21215-0020 1 ☐ Yas 210 No Specify: by Specify: WHITE 3 Widowed 4 □ Divorced Yaar or Datas: Completed 18a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedant's Education (Specify only highast grada completed) Hygiena. Elementary/Secondary (0-12) Collega (1-4or 5+) HOMEMAKER AT HOME 12 other 1 permit. Pages 1 and 2 should be file Department of Heelth and Mental Hy Important: If Item 27 is marked oth any linjury or other traumatic event ang Injury or other traumatic event ances. 17. Fethar's Nema (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maidan Symama) Be DANIEL E. RUPLEY AMELIA R. GABLE 19e. Informent's Neme/Ralationship (Type, Print) 19b. Malling Addrass (Street and Numbar or Rural Routa Number, City or Town, Stata, Zip Code) MRS.ANN NUSS -DAUGHTER 86-ELDRID DR., SILVER SPRING, MD. 20904 20b. Place of Disposition (Nama of cematary, cremetory or other piace) 20a. Method of Disposition
1 □ Burial 2 ☎ Cramation 3 □ Ramoval from Stata Data 20c. Location - City or Town, Stata METROPOLITAN CREMATORY-6/8 ALEXANDRIA, VA. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funaral Sarvior Licenses 22. Name end Address of Fecility HYSONG CO., INC. 1300-N STREET, NW, WASH., DC 23a. Part1. Entar tha disaasa, or con shock, or haart failura. List only caused tha death. Do not antar the mode of dying, such as cerdiac or respiratory arrest, Physician Immedieta Causa (Final disaasa or condition rasulting In daath) /Medicai Examiner Dua to (or as a consequance of) Physician/Medical Examiner The law requires that the death certificate be axecuted use es the buriel-transit Sequentially list conditions, if any, laading to Immadiata causa. Entar Undarlying Causa (Disaase or injury that initiated avants Dua to (or as a consequance of): Box 68760, attending physician Due to (or es e consequence of) rasulting in daath) Lest P.O. Part il. Other significant conditions contributing to daath but not rasulting in the underlying ceuse given in Part i. 23b. Did tobacco use contribute to the cause of death? the 1 🗆 Yes signed by 2 No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records, þ 24b. Were autopsy findings availabla prior to completion of cause of death? page 2 should 24a. Was an autopsy Completed certificate hes 1 ☐ Yas 1 □ Yas 2 □ No or Attending Physician: 25. Was cesa refarred to madicel axaminar?
1 XYas 2 □ No Be 26. Placa of Death (Check only ona) Hospital: Othar: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) Certification: To 2 ER/Outpatient 3□ DOA 1 Inpatiant Aftar this uneral 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of Injury 28c. injury at Work? 28d. Dascribe how injury occurred Natural 2 Accidant 5 Panding Invastigation s efter deeth. I Director: Aft 1 ☐ Yas 2 ☐ No the 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 6 Could not be 3 Suicida 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Spacify) filled in by 4 Homicida Hospital within 24 hours of To the Funeral (Certifying Physicien: To the bast of my knowledga, daath occurred at tha tima, data and piace, and dua to tha causa(s) and mannar as stated.

Medical Examiner: On the basts of axamination and/or invastigation, in my opinion, daath occurred at tha time, date and place, and due to the cause(s) end mennar statad. Medicai 29a. Certifiar completely (Check only one) To the 29b. Signature and title of certific 29c. Licansa number 29d. Date signed (Month, Day, Year) 261 pleted ceusa of death (Kem 23a) (Type, Print) 30. Nama and address of person who so 990 / Medical Center Dr. Pockulle MD Dr. William Doolee 31. Data filed (Month, Day, Year) 32. Ragistrar's Signatura State The Skudsor Randall

DHMH 16 Rev 6/95

Registrar

JUN 09 1997

Service Profile

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle Lest) 2. Data of Death 3. Tima of Daath **Physician** Month ALFRED W. HESSE 2,1997 JUNE 6:35 PM /Medical 4a. Fecility Nama (If not institution, give street and number) 4b. City. Town, or Location of Daath 4c. County of Deeth Examiner NATIONAL LUTHERAN HOME ROCKVILLE MONTGOMERY CO. If Under 24 Hrs. 8. Date of Birth (Month, Day, Yaar) If Undar 1 Yaar 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** Days 1 DM 2 DF 578-32-2084 86 Yrs Director JULY 10,1910-NEW YORK Usual Rasidance of Decedant the Maryland 10a. State 10c. City, Town or Location r is merked other than "natural", or items 23a or 28a-f show traumatic event, the Madical Examiner must be notified at 10d. Insida City Limits MD. MONTGOMERY CO. SILVER SPRING Director N Yes 2 No 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 20904 86-ELDRID DRIVE U.S.A. Funeral death 11. Marital Stetus 12. Was Decedant Evar in U,S. Armed Forcas? Was Dacedant of Hispenic Origin? (Spacify Yes or No-If Yas, specify Cuban, Maxicen, Puerto Rican, atc.) 14. Rece - Amarican Indien, Black, White, atc. 72 hours after 1 ☐ Yes 2 X No If Yas, Giva Yeer or Detes: 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No py Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry should be filed within 7; and Mental Hygiena. Elementary/Secondary (0-12) College (1-4or 5+) SENIOR ANALYST U.S.GOVT. 4+ permit. Peges 1 and 2 should be file Department of Health end Mental Hy Important: If I lem 27 is marked other any Injury or other traumatic event, sonce. 17. Fether's Nema (First, Middle, Last) 18. Mothar's Name (First, Middla, Maidan Surnama) Be FREDERICK CARL HESSE ELSIE CHRISTINA BRINKMAN 2 19a. Informant's Name/Ralationship (Typa, Print) 19b. Meiling Addrass (Straet and Numbar or Rural Routa Number, City or Town, Steta, Zip Coda) MRS.ANN NUSS-DAUGHTER 86-ELDRID DR., SILVER SPRING, MD. 20904 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 □ Burlal 2 X Cremation 3 □ Ramoval from Stata METROPOLITAN CREMATORY-6/8 ALEXANDRIA, VA. 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Funeral Sawice Licensee 22. Name and Addrass of Fecility HYSONG CO., INC. 1300- N ST., NW, WASH., DC 23a. Part1. Entar tha diseese, or conshock, or haart failura. List on Approximata Intarval Batween Onset end Death causad tha daath. Do not antar tha mode of dying, such as cardiac or respiratory errest aach line. **Physician** /Medical Immediata Causa (Final disaasa or condition resulting in daath) leumonia Examiner Examiner The law requires that the death certificete be axecuted Sequantially list conditions, if any, laading to immediata causa. Entar Undarlying Cause (Diseesa or Injury that Initiated events rasulting in deeth) Last and physician at s the bunel-t P.O. Box 68760, 18 Physician/Medical the Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 ☐ Yes 2 ☐ No 3 ☐ Probably Cunknown Records, Completed by 24a. Was an eutopsy performed? 24b. Were autopsy findings aveilabla prior to completion of ceuse of death? page 2 ZE No certificate 1 ☐ Yas 2 ☐ No Division of Vital Hospital or Attending Physician: Be 25. Wes cesa referred to medical axaminer? 28. Plece of Deeth (Check only one) Othar: Nursing Homa 5 Residence 8 Othar (Specify) 1 Yas 2 No Certification: To 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Mannar of Deeth 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? After Natural 2 Accidant 5 Panding invastigation s efter death.

I Director: Af 1 Yas 2 No 3 ☐ Sulcida 6 Could not be detarmined Plece of Injury - At homa, farm, street, fectory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) filled in by 4 | Homicide To the Hospital or within 24 hours of To the Funeral D completely filled Certifying Physician: To the bast of my knowledge, death occurred at the time, dete and place, end due to the cause(s) end manner as stated.

2 Medical Examiner: On the basts of examination and/or invastigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and menner stated. edical 29a, Cartifian 29b. Signature and title of cert 29c. License number 29d. Dete signed (Month, Day, Year) Middlebrook anie 31. Data filed (Month, Day, Year) 32 Registrar's Signature State JUN 09 1997

DHMH 16 Rev 6/95

Registrar

in a decay

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 256 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Deeth **Physician** Day William Ray Hill 4, 1997 11:00 /Medical June 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Prince George's Prince George's Hospital Center Cheverly 7. Age (In yrs. lest birthday) If Under 1 Year If Under 24 Hrs.

Months Days Hours Min, 5. Social Security Number **Funeral** 8. Date of Birth (Month, Day, Yeer) Birthplace (State or Foreign Country) 1 X M 2 □ F 215-44-3428 Director 51 March 25,1946 Washington DC Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 28a-f show 10d. inside City Limits 7 is marked other than "natural", or items 23s or 28s-f shor traumatic event, the Modical Examiner must be nowled as Maryland Prince George's Springdale Director Y Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 9005 Hobart Street 20774 USA Funeral should be filed within 72 hours after death 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Race - American Indian, Black White etc 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: 1 □ Never Married 2 □ Married Maryland 21215-0020 1 ☐ Yes 2 ☑ No þ Specify: Black 3 Widowed 4XXX Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry al Hygiena. Elementary/Secondary (0-12) College (1-4or 5+) 10th Laborer Private 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be h and Mental F Abraham Hill Fannie Lancaster 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) mit. Pages 1 and 2 st partment of Haalth an portant: If item 27 ia r y Injury or other trau Inez Sellers/Sister 9005 Hobart Street, Springdale, Maryland 20774 Baltimore, 20b. Placa of Disposition (Neme of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1)CXBurlal 2 □Cremetion 3 □Removal from State 4 □Donation 5 □Other (Specify) permit. Page Department of Important: If any Injury or once. Harmony Memorial Park 6/9/97 Landover, Maryland 21. Signeture of Funeral Servica Licansee 22. Name end Address of Fecility J.B. 7474 Jenkins Funeral Home Nano Parconte Landover Road, Landover, Maryland 20785 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. Approximate Interval Between Onset end Death **Physician** /Medical Immediate Ceuse (Final disease or condition resulting in deeth) Examiner Examiner or Attending Physician: The law requires that the death certificate be axecuted bunial-transit Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Lest and Box 68760. attending physician Physician/Medicai the Due to (or as e consequenca of) ed by the atten detached for u P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacço use contributa to the cause of death? ate has been signed by page 2 should be detact No 3 Probably 4 Unknown 1 TYes Division of Vital Records. þ Completed 24e. Wes an autopsy performed? 24b. Were autopsy findings evailable prior to completion of cause of death? After this certificate has 1 TYes 2 No Be 25. Was case referred to medical 26. Place of Deeth (Check only one 1□ Yes 2□ N Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 2 ER/Outpetient 3 DOA Inpatient 27. Meoner of Death 28c. injury et Work? Certification: 28a. Date of Injury (Month, Day Year) 28d. Describe how Injury occurred 28b. Time of Natural 5 Pending investigation 1 Yes 2 No death. 2 Accident after death Director: / in by the 3 Suicide 6 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, Stele) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specity) 4 Homicide To the Hospital within 24 hours a To the Funeral D edical Cartifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s) and menner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier pletely 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) ne and perfress of person who completed cause of deeth (Item 23a) (Type, Print) Catavenis 3001 Hospital 20785 M.O Dr., Cheverly James

32. Registrar's Signature

DHMH 16 Bev 6/95

State

Registrar

31. Date filed (Month, Day, Yeer)

JUN 09 199

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I		5. Social Security	-	6. Sex	-	7. Age (In yı	s. last birthday) ff Under 1 Months E	Year Days	If Under 24 Hrs. Hours Min.	8. Date of Bir (Month, Da 1/5/2)	th ly, Year)	5		ca (State of Foreign DUNCTION YLVANIA	
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			Name/Relationst D R. HAM		(SON)	i								E, MD., 20866		
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6132 LANDOVER RD.

Registrar

29b. Signature end title of certifier

RAVINDER K. RUSTAGI, M.D.

31. Date filed (Month, Day, Year)

JUN 13 1997.

32. Registr

30. Name and eddress of person who completed ceuse of death (Item 23a) (Type, Print)

DHMH 16 Rev 6/95

29c. License number 29d. Date signed (Month, Day, Year)

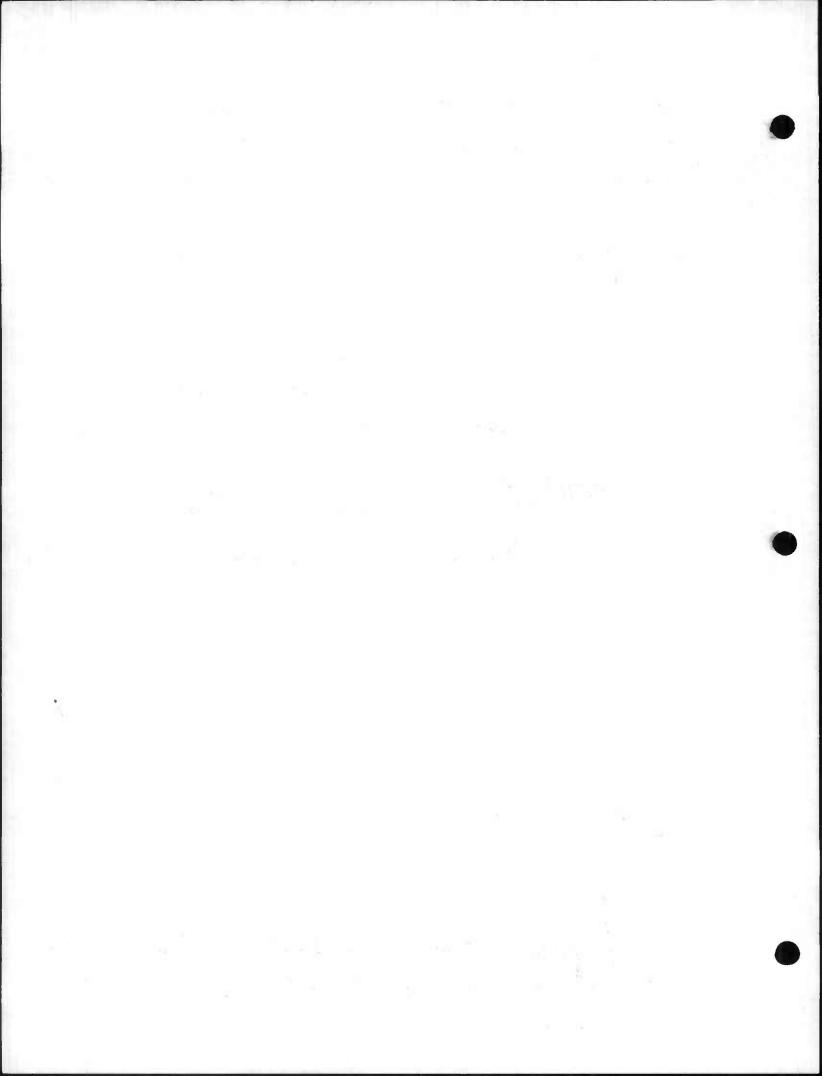
JUNE 11, 1997 D24720

CHEVERLY, MD. 20785

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

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Physic /Med Exami	ical	DENISE DENISE 4e. Fecility Name (If not institution, given the second to the second t	MARTE	J	ONES 4b. City, Town, or	2. Dete of De Month JUNE Location of Death	Day	Year 1997 2220 P of Death	
,		SHADY GROVE AD	WENTIST HOSPITAI		ROCKV			IGOMERY	
Funeral Director		5. Social Security Number 6. S 213-54-8083 Usual Residence of Decedent	ex 7. Age (In yrs. last I	birthdey) If Under Months Yrs.	1 Year If Under 24 Hr Days Hours Min	. (Month, Da	th ly, Year) 8 1948	9. Birthplece (State or Foreign Country) Washington	
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5-0020 72 hours after deeth with the Manyand netural; or items 23a or 28a-f show ocal Examiner must be notified at	by Funeral	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:	13. Was Dece If Yes, spe	dent of Hispanic Origin? (city Cuben, Mexican, Pue 2K) No Specify:	Specify Yes or No rto Rican, etc.)	- 14. Race Blace Specify.	a - American Indian, k, White, etc. white	
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r Heal		Vernon C. Jone: 20e. Method of Disposition 1 ☐ Burlal 2 【ACremation 3 ☐	Removal from State 20b. Plece ceme	of Disposition (Natery, crematory or o	other place)	Date	20c. Location -	City or Town, State	
permit, Page Department of Important: If any Injury or once.		4 ☐ Donation 5 ☐ Other (Specify 21. Signeture of Funeral Servica Licety			nd Address of Fecility	6/13	Smiths	ourg, MD	
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Physician /Medical Examiner	70	23a. Part1. Enter the disease, or compshock, or heart feilure. List only Immediate Cause (Final disease or condition resulting in death)	« Panced		نمر ذنه ٥.		11651,	Approximete Interval Between Onset end Deeth	
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f or Attending Physeltar death. Director: After this din by the funeral d	Certification:	2 Accident investigation 3 Sulcide 6 Could not be 4 Homicide determined		1 Yes 2 No	□ No 28f. Location (Street and Number or Rurel Route Number City or Town, State)				
To the Hospital or Attending Ph within 24 hours efter death. To the Funeral Director: After thi completely filled in by the funeral	edical C	29a. Certifier (Check only 2 Medical Exam	ysician: To the best of my knowledginer: On the besis of examination a and manner stated.	ge, death occurred and/or investigetion	at the time, dete end place, in my opinion, deeth occ	e, end due to the curred et the time,	ceuse(s) end me date end placa, a	nner as steted. and due to the cause(s)	
To the To the	Me	29b. Signature and title of certifier	Mo	29	C. License number	-	29d. Date signed	(Month, Day, Year)	
		30. Neme and address of person who of	19	(Type, Print)	hili Da	OLA	167 M	2 1997 2 2 1997	
	ate	31. Dete filed (Month, Day, Year)	32. Registrar's Signature				- 11		
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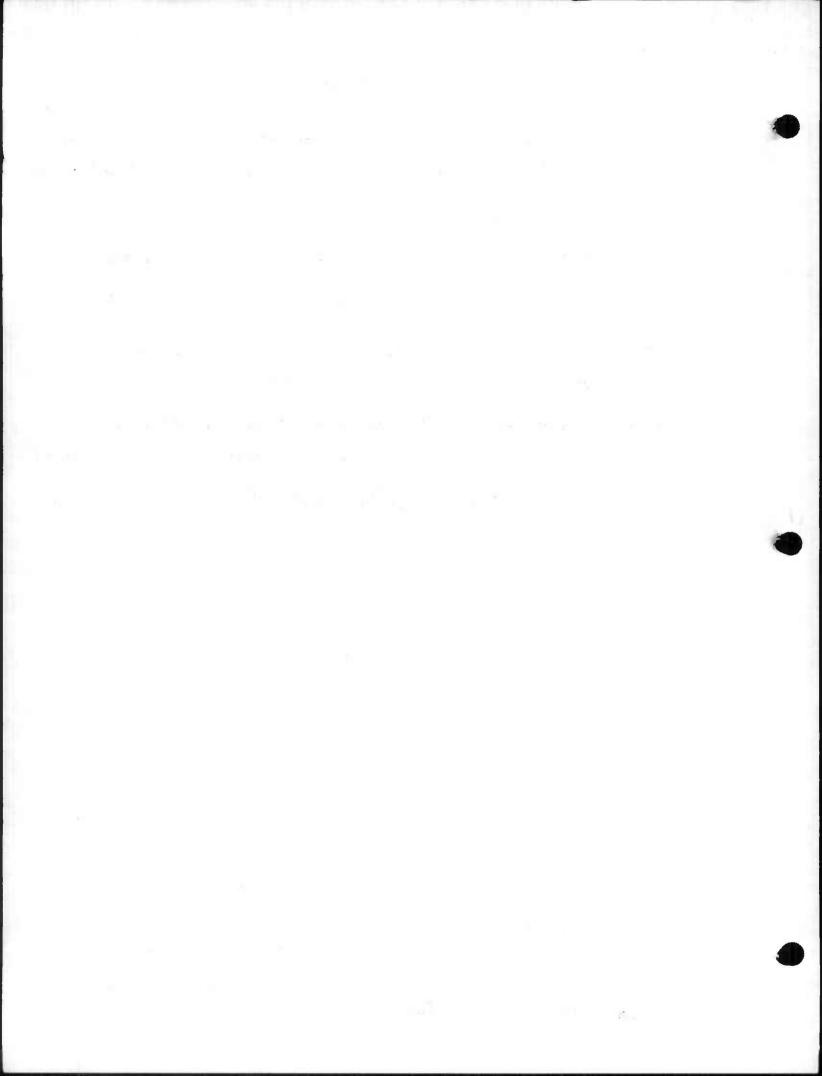
RICHARD L. JOHNSON State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death Month Day **Physician** JUNE 08, RICHARD **JOHNSON** 1997 L 2345PM /Medical 4b. City, Town, or Location of Death 4a. Facility Nama (If not institution, giva straat and number) 4c. County of Death **Examiner** ROUTE 210/OLD FORT ROAD WASHINGTON PRINCE GEORGES FORT | Months | Days | Hours | Min. | FEB. 18, 1947 | ST.LOUISE, MO. 6. Sax 1 M 2 F 5. Social Security Number 7. Aga (In yrs. last birthday) **Funeral** 50 Yrs 428-90-9840 Director Usual Rasidanca of Decedant 10a. State 10c. City, Town or Location 10b. County 10d. Inside City Limits 7 ie merked other than "natural", or items 23a or 28a-f ehow treumstic event, the Medical Exameter man be notified at 1 Yas 2 No MARYLAND PRINCE GEORGE'S LAUREL the 10e. Street and Numbar 10f. Zip Code 10g. Citizen of What Country? 3567 FORT MEADE RD. Funeral UNITED STATES 12 1/1 20724 12. Was Decedant Evar in U,S. Armed Forces? Was Dacedant of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. 11 Maritai Status permit. Peges 1 and 2 should be liled within 72 hours effer Deportment of Health end Mental Hygiene. Important: If frem 27 is marked other than "natural", or itel any injury or other treumatic event, the Medical Experiment 1 ☐ Yas 2 ▼ No if Yas, Giva Yaar or Datas: 1 ☐ Navar Married 2 ☐ Married 21215-0020 1□Yas 2₩No by Specify: BLACK 3 Widowad 4 Divorced Completed Decedant's Usuel Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) TRUCK DRIVER PRIVATE Baltimore, Maryland 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) Be LOUISE **JEFFERY** RICHARD L. JOHNSON 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Coda) 8711 CONTEE RD. #401 LAUREL, MARYLAND 20708 MELLISSA C. JOHNSON/DAUGHTER 20b. Place of Disposition (Nama of cematary, cramatory or other place, 20a. Mathod of Disposition 20c. Location - City or Town, State 1 Burial 2 Cramation 3 KRamoval from State 6/16/97 YAZOO CITY, MISSISSIPPI GLENWOOD CEMETERY 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Funaral Sarvica Licensee 22. Name and Address of Facility ALEXANDER S. POPE FUNERAL 5538 MARLBORO PIKE/FORESTVILLE, MARYLAND 20747 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batween Physician /Medical Immedieta Ceusa (Final disaasa or condition rasulting in daath) Multiple Injuries Examiner Examiner The law requires that the death certificete be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or Injury and Dua to (or as a consequence of) Box 68760 ettending physician for use as the burie Physician/Medical that Initiated evants rasulting In death) Last Dua to (or as a consequence of). Part tt. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Records, P.O. 1 ☐ Yee 2 No 3 ☐ Probably 4 ☐ Unknown þ 24b. Wera autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed peen certificate hes 1 Yas 2 No 19 Yas 2 No of Vital Attending Physician: Be 25. Was casa referred to medical axeminar? 26. Pleca of Death (Check only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Mother (Specify) AT SCENE 1 Yas 2 No Certification: To this funerai 28a. Data of Injury (Month, Day Year) 6-8-97 28d. Describe how injury occurred Monry all 27. Mennar of Death 28b. Tima of 28c. Injury at Work? After Division 1 Natural 5 Panding death. 1 Yas 2 2No 2115M operou-Collision invastigation 2 Accidant 1h or Attend after death Director: 6 Could not be datermined 3 Suicida 28a. Place of Injury - At home, farm, streat, factory, offica building, etc. (Specify) 281. Location (Street and Number or Rural Routa Number, City or Town, Stata) filled in by 4 Homicida 210 24 hours a 1 Cartifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as steled.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifiar edicai To the Hosp within 24 ho To the Fune completely fi (Check only one) 29b. Signature and title of certifier 29d. Data signed (Month, Day, Year) O.C.M.E. JUNE 09, 1997 30. Nama and eddress of person who completed cause of death (Itam 23a) (Typa, Print) For ler David 111 Penn Street, Baltimore, Maryland 21201

State Registrar 31. Data filed (Month, Day, Yaar)

JUN 12 1997

32, Registrar's Signature



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth **Physician** Month Lucy Ann Jurnak 9 June. 9:30 AM /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Doctor's Community Hospital Lanham Prince George's 5. Sociel Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1□M 2対F 71 045-20-0106 Yrs. Director Jan 16, 1926 Connecticut Usual Residence of Deceden 10a State 10h Count 10c. City, Town or Location 10d. Inside City Limits 7 Is marked other than "natural", or items 23s or 28s-f show treumstic event, the Medical Examiner must be notified at 1₺ Yes 2 No Director Maryland Prince George's Hyattsville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? should be filed within 72 hours efter death with 1 nd Mental Hygiene. marked other than "natural", or items 23a or 2 3902 Oglethorpe Street 20782 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Black, White, etc. 1 □ Never Married 2 □ Married 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: 1 ☐ Yes 2 No Specify: Specify: White þ 3 N Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Homemaker Own Home permit. Pages 1 end 2 should be file Depentment of Health and Mental Hyg. Important: If item 27 is marked other any injury or other pages. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) John Verona Florence L. Dearborn 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 3902 Oglethorpe Street, Hyattsville MD 20782 Loretta Jurnak - Daughter 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 図 Burial 2 ☐ Cremation 3 ☐ Removal from State 6/13/97 4 ☐ Donation 5 ☐ Other (Specify) Fort Lincoln Cemetery Brentwood, Maryland 22. Name end Address of Facility
Francis Gasch's Sons Funeral Home, P.A 21. Signature of Funeral Service Leensed 4739 Baltimore Avenue, Hyattsville MD 20781 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Physician** /Medical Immediate Ceuse (Final disease or condition resulting in death) RENAL FAILURE 1 week Examiner Due to (or es a consequence of) sician and buriel-transit Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or as a consequence of): physician s the buriel Physician/Medical Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by I 1 | Yes 2 | No 3 | Probably 4 | Unknown INTESTINAL OBSTRUCTION þ 24b. Were autopsy findings evallable prior to completion of cause of death? 24a. Was an autopsy performed? Completed ASCITAS ANAMIA 2 No 1 ☐ Yes 2 ☐ No Division of Vital 25. Was case referred to medical exeminer?
1 ☐ Yes 2 ☑ No 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Deeth Certification: 28h Time of 28c. Injury at Work? 28d. Describe how injury occurred After 1 Natural 5 Pending death. 1 Yes 2 No Mospital or Attendi 24 hours efter death Funeral Director: A investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 | Homicide To the Hospital within 24 hours e To the Funeral Completaly filled 1 Certifying Phyaician: To the best of my knowledge, death occurred at the time, date end placa, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and placa, and due to the cause(s) and manner stated. 29a. Certifier Medical

29c. License number

D05891

State Registrar 29b. Signature and title of certifier

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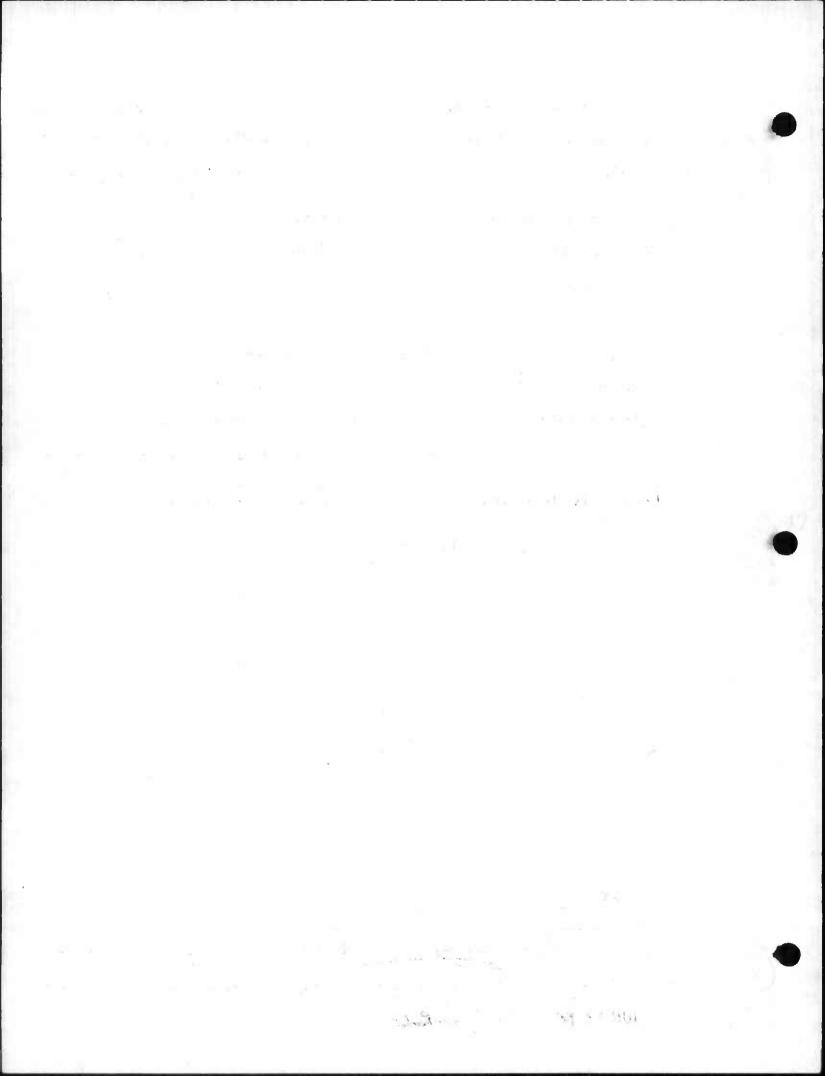
29d. Date signed (Month, Day, Year) 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)

ROCER INGHAM MD 6510 KENIUDORTH AVE., SUITE 2400, RIVERDAL

S. Daniel and C. Company of the Comp

	_	1. Decedent's Name (First, M	Aiddle, La	rst)			STUTICE	ile Oi	Death		2. Date of De			3. Time of D	
ysician /ledical	ı.	Raym		Н.	James	5					JUNE	Dey (O	1997	3:22	
aminer		4e. Fecility Name (If not instited Prince Ge				11					ocation of Deatlerly	Prince George'			
eral ctor		5. Social Security Number 578-20-0023		Sex OXDM 2□ F	7. Age (In y	rs. last birthday Yrs.	y) If Und Month	ler 1 Year s Days	If Under Hours	24 Hrs. Min.	8. Date of Bir (Month, De 09-0			place (Stete or I	
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at be notified		10e. Street and Number 3200 Amado	r Dr	ive			10f. 2	Zip Code	20785			10g. Citizen of	What Cour	ntry?	
Evanting must be notified at by Funeral Director		11. Marital Status 1 □ Never Married 2□ X 3 □ Widowed 4 □ Divor		12. Was Dec Armed Fo 1 Yes If Yes, Gi Year or D	orces? 2⊠No ve	U,S. 13		edent of Hoecify Cubi		gln? (Sp	ecify Yes or No Ricen, etc.)		4. Race - Americen Indian, Black, White, etc. Specify: Black		
Completed		15. Dece (Specify only hi	dent's Ed	ducetion ade completed)		16a. Dec	edent's Us	sual Occup vork done	pation during most	t of work	ring	16b. Kind of Business/Industr		dustry	
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Be C		17. Father's Neme (First, Mide	idle, Last))							e (First, Middle,		Government iden Sumeme)		
To To		Richard J									elen Tu				
important: it is in 2 is marked other train "neture any injury or other traumatic event, tra Madical once. To Be Commission		19a. Informent's Neme/Relati Margaret Ja					19b. Mailing Address (Street 3200 Amador I								
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any Inju	21. Signature of Funeral Service Licensee Nancy A. Percentia 22. Name and Address of Facility J.B. Jenkins Funeral Ho 7474 Landover Road, Lan										ome				
ian ical ner		23a. Part1. Enter the disease shock, or heart feilure. Immediate Cause (Final disease or condition resulting in death)	e, or com List only		(RD)	oath. Do not en	nter the me	ode of dyin	ng, such as	er Ro	oad, La: or respiratory a	ndover,		Approximate Interval Betwee Onset and De	
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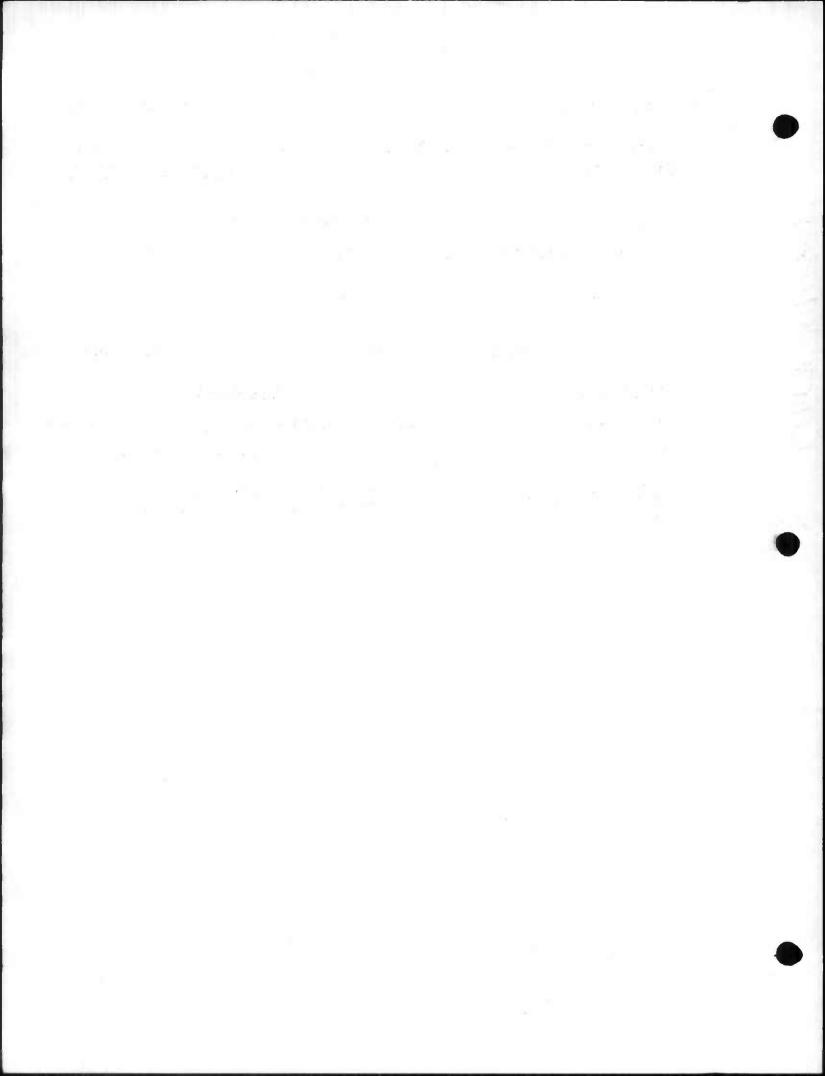
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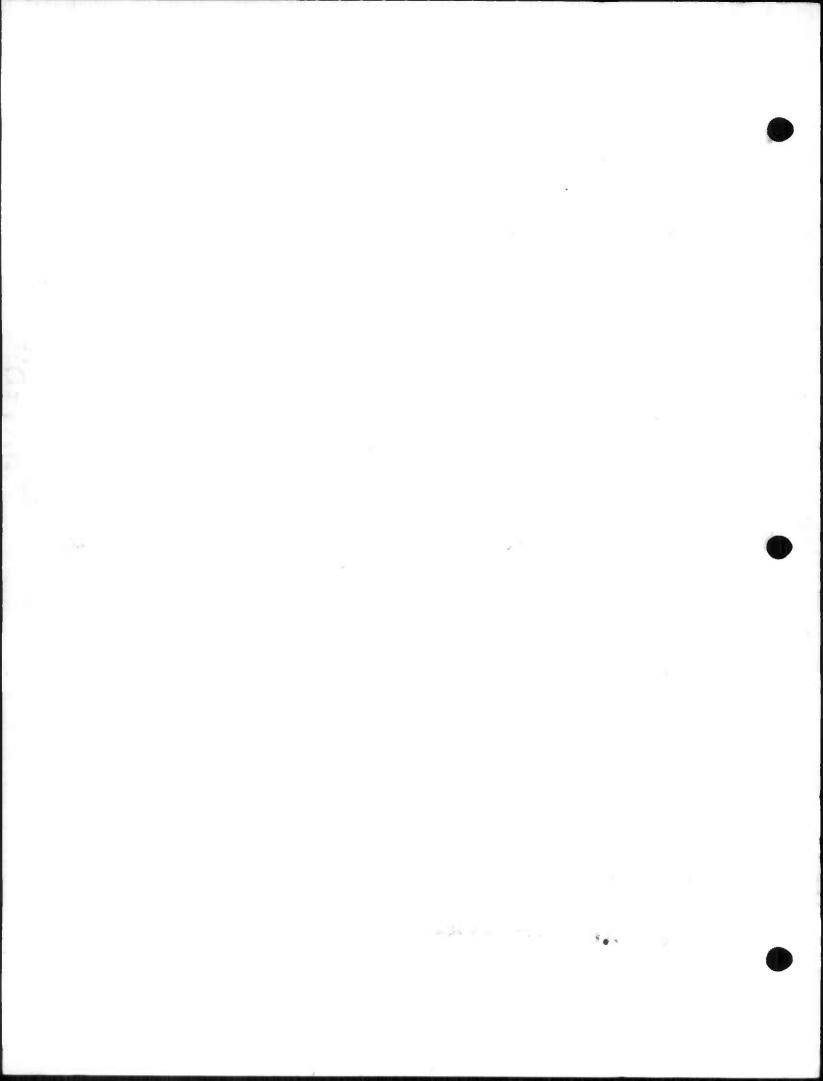
4e. Facility Neme (If not institution, give street and number) Doctors Hospital, 8118 Good Luck Rd. Director Funeral	OAM or Foreig
George Jefferson June 12,1997 3:2	or Foreig
4e. Facility Neme (If not institution, give street and number) Doctors Hospital, 8118 Good Tuck Rd. 5. Social Security Number 332-16-4050 1 M 2 F 78 Yrs. 4b. City, Town, or Location of Deeth 4c. County of Deeth 4c. County of Deeth 4c. County of Deeth 4c. County of Deeth 4d. County of Deeth 4c. County of Deeth	or Foreig
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(Not Known) 19a. Informent'a Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code)	
Gary Jerrerson 6009 New Hampshire Ave., N. E. Wash, D. C. 20	0011
107 During 0 Commention 2 Demonstration Controllery, Crematory of other place)	
4 Donetion 5 Other (Specify) 21. Signature of Funeral Servica Licensee 22. Name and Address of Facility James F. Vann Funeral Home	
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30. Nama and eddress of parson who completed causa of daeth (Itam 23a) (Type, Print) S. M. NAYAR . MD. 3717-38 " AVE, COTTAGE CITY MD 2072	
S.M. NAYAK, M.D. 3717-38"MZ, COTTAGO CLTT, WW 2012	2

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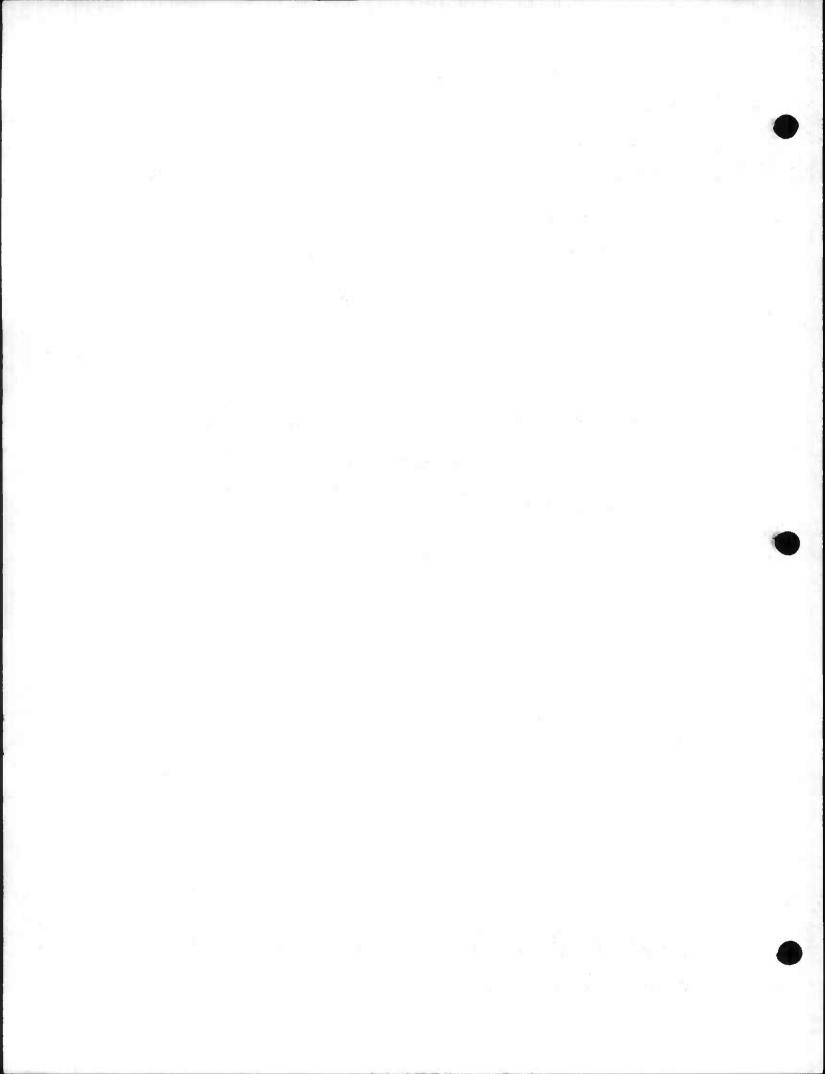
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3	4. SOCIAL SECURITY NUMBER			6. AGE (In	yrs. last birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.		Day, Year)	8.	BIRTNP Country)	LACE (State or Fore	
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	19a. INFORMANT'S NAME (Type/I							n, State, Zip Co		07/6					
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Ĩ	Physic	an	1. Decedent's Name			4.4				2. Date of D Month	eath Day	Yaar	3. Time of Death
	Physici /Medi		Madeline	Ruth	Ke	11y				May	24,	1997	5:41 a.m.
	Exami		4a. Facility Name (II	not institution, give	street and number)			4b. City, Town,	or Location of Dea	th 4c. Cou	unty of Death	
	Funeral Director		Frederi 5. Social Security N 218-38-88 216-38-8	62 6. So	ial Hospi ex 7.A □ M 2∏F	ta1 ge (In yrs. Ia:	st birthday Yrs.) If Under 1 Yea Months Days			irth ay, Year)		nplace (State or Foreign untry)
	show		10a. State	10b. County		10c. City,	Town or L	ocation					10d. Inside City Limits
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	or 28)irec	10e. Street and Nun	nber				10f. Zip Code			10g. Citizen	of Whet Co	untry?
	23.	rai	65 Main	Street				217	793		USA		
020	72 hours after death with the Maryland *netural", or items 23e or 28a-f show added Exerciper must be notified at	by Funeral Director	11. Maritel Status 1 □ Never Marrie 3 □ Widowed		12. Was Decedent Armed Forces 1 ☐ Yes 2 ☑ If Yes, Giva Year or Dates:	Ever in U,S No	13.	Was Decedent of If Yes, specify Cu 1 ☐ Yes 2 No		(Specify Yes or Nuerto Rican, etc.)		Raca - Amer Biack, White ecity: Whi	, etc.
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_	2D2 0 0		Cram	would	Peler	n		P.O. Box	1819,	Frederick	, MD 2	1702	
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R	0 - 0	mo								10	Yes 22N		□Yes 2□No
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	ding Ph h. Aftar th funeral		27. Manner of Deeth	5 Panding	28e. Date of Inju (Month, Da	iry Yaar) 2	8b. Time o	of 28c. Inj	ury at ork?	28d. Describe	how injury oc	curred	
Division	tendii feath. tor: A the fu	Certification:	2 ☐ Accident 3 ☐ Suicide	investigation 6 ☐ Could not be					JYas 2□No				
Ĭ.	or Attence after death Director:	E I	4 ☐ Homicide	determined	20e. Placa of In	jury - At hom c. <i>(Spacify)</i>	e, farm, si	traat, factory, office	9	28f. Location City or To	(Street and Ni own, Stata)	<i>ımber</i> o <i>r R</i> u	ral Route Number,
_	To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the fune		29a. Cartifier	1□ Certifying Phy	sician: To the best	of my knowle	edne des	th occurred at the	time data and ni	ace and due to the	causa(s) and	mannar ae	halala
	Hos 124 h Fur	edicai		2 Madical Exam	Inar: On the basis o and manner st	f examinatio	n and/or ir	nvastigation, in my	opinion, death o	ccurred at the time	, date and pla	ca, and due	to tha ceusa(s)
	withir To th	X	29b. Signature and I	title of cartifier	- 1			29c. Licer	nse number		29d. Date si		
			1 m	dewt	and the	~	7	D39	5164		May	27,1	1997
			30. Neme and addra	ss of parson who o	omplated ceusa of o	ath (Item 2	3a) (Type	, Print)					
			Andrei		CKIT	MI	-10	80 W. P	spirte	St tree	derick	MD	21703
	Sta Registr		31. Dete filed (Monti	AY 2 9 19	97 32.499	ar Haignely	ertan	dalbl					
	negisti	uı		LI G S IN	V								

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 97 19265

					Ce	rtificate c	of Death		Reg. No.		16-1	
		1. Decedent's Name (First, Middle, La	ist)					2. Date of I	Death		Time of	Death
Physic /Med		JAMES MA	RION KEHNI	3				June	7, 19	97 8	:00	AM
Exami		4e. Fecility Name (If not institution, give					4b. City, Town	, or Location of De				
		707-A Magnolia A	venue				Freder	rick	Fre	derick		
Funera	1	5. Social Security Number 6. S	Sex 7. Ag	ge (In yrs. last	birthday)	If Under 1 Ye		Hrs. 8. Date of E Min. (Month, I		9. Birthplace Country)	(State or	Foreig
Director		216-48-6465 Usual Residence of Decedent	M 2□ F	49	Yrs.	Moritins Da	ys Hours	March	2, 1948	Maryla	nd	
72 hours effer death with the Maryland neturel; or items 23s or 28s-f show deal Examiner must be notified at		10a. State 10b. County		10c. City, T	own or Lo	ocation					nside Cit	
9	Director	Maryland Frederi	ck	Fred	leric	k				1	Yes	2 N
2 2	Dire	10e. Street and Number				10f. Zip Cod			10g. Citizen of			
238		707-A Magnolia Av	enue			2170	1		U.	S.A.		
Ter.	Funerai	11. Maritel Stetus	12. Was Decedent Armed Forces?		13.	Was Decedent of If Yes, specify C	of Hispenic Origin Juban, Mexicen, P	? (Specify Yes or it Puerto Ricen, etc.)	No- 14. Red Bla	ce - Americen Ir ck, White, etc.	ndian,	
"naturel", or items 23s or 28s-f show edical Examiner mant be notified at	þ	1 Never Merried 2 Married 3 Widowed 4 XDivorcad	1 ☐ Yes 2.\(\) If Yes, Give Year or Dates:	No		1□ Yes 2X	No Specify:		Specil	y: White		
jene. r than "natur the Medical	Completed	15. Decedent's E (Specify only highest gr	ducation	1	6a. Dece	dent's Usual Oc	cupation	functing	16b. Kind of B	usiness/Industr	у	
than "r	De e	Elementary/Secondary (0-12)	College (1-4or	5+)	lite.	DO NOT use re	ne during most of tired)	working				
1 P P P	S	12				Estima	tor		Fitzge	rald Au	to M	la11
arked other atic evant, to	Be	17. Father's Name (First, Middle, Last						Name (First, Midd		me)		
marked matic e	2	Marion Nicholas K	ehne				Doroth	ny Mumfor	d			
E E		19a. Informant's Name/Relationship (Type, Print)	1	9b. Maili	ng Address (Str	eet and Number o	or Rural Route Num	ber, City or Town	, State, Zip Coo	le)	
em 27 other tr		Dorothy M. Kehne	/Mother					ie, Frede	rick, Ma	ryland	2170	1
r oth		20a. Method of Disposition 1 ABurlal 2 Cremation 3 C	Bamayal from State	ceme	etery, cres	sition (Name of matory or other	place)	Date		- City or Town,		
int: if		4 □ Donation 5 □ Other (Specif		Mount	011	vet Cem	etery	6/10	Freder	ick, Ma	ryla	nd
important: if item 2 eny injury or other once.		21. Signature of Funeral Service Liga	Delle	est				& SON FU				
_		23a. Part 1 Enter the disease, or com shock, or heart failure. List only	Threations that caused	the doubt F							roximete	
ettending physician end if for use es the bunal-transit	Examiner	resulting In deeth) Sequentially list conditions, if cause. Enter Underlying	a. Pu	Due to (or as a consequence of): Due to (or as a consequence of):								lal
ng physici es the bu	Medical	Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of):										
endir r use	Sup.		d									
the ett	sicia	Part II. Other significant conditions of	ontributing to death b	ut not resulting	g in the u	nderlying cause	given in Part I.	23b. DI	d tobacco use co	entribute to the	cause of	f deat
200	Physician	Alcohol Al						11	Yes 2□No	3 Probably	y 4 🗆 U	Jnkno
pe de	by I	AICUMO! AV	ruse.					_				
peen s	Completed							24a. Wa	s an autopsy formed?	24b. Were a availeb comple of deatl	le prior to)
pege 2	E							15	Yes 20 No			Ma
certificate rector, per		25. Wes case referred to medical					00 00			1 🗆 Ye	s 201	40
	Be	examiner?	Hospital:				Other:	Death (Check only				
五面	10	1/20 Yes 2 □ No 27. Manner of Death	1 ☐ Inpatie		Outpetier b. Time of	IL SLI DOA	4 LI Mursii		sidence 6 Ott			
To the Funerel Director: After completely filled in by the funer	ation	1 Natural 5 ☐ Pending 2 ☐ Accident investigation	(Month, Da	y Year)	Injury		njury at Vork? ☐ Yes 2 ☐ No		a how Injury occur	160		
i Direct	Certification:	3 Suicide 6 Could not b 4 Homicide determined	eet, factory, offi	СӨ		28f. Location (Street and Number or Rural Route Num City or Town, State)						
To the Funerei Director: After completely filled in by the funer	edical		ysician: To the best niner: On the basis of and manner sta	examination								
Toth	Me	29b. Signature and title of certifier	1			29c, Lice	ense number		29d. Date signe	d (Month, Day,	Year)	
, 0		Mohen	stend	~	0	D	3516	1	June			
		30. Name and address of person who	zick J	t. MI	DI	080 W). Potr	icst F	rederic	IC, MD	217	03
	ate	31. Date filed (Month, Day, Year)	32. Registr	ar's Signature	-							
Regist	rar	JUN 1 0	199/	. Navel	works	delle						
						- 1						

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth CATIFERINE M. KRATZ Month 8:30 PM 6 4e. Fecility Neme (If not Institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death Cross Hospital Holy Silver Spring Montgomery If Under 1 Year If Under 24 Hrs. Months Days Hours Min. 5. Sociel Security Number Birthplaca (State or Foreign Country) 7. Age (In yrs. last birthdey) 8. Dete of Birth (Month, Day, Year) 1 M 2 F Yrs. 215-16-7956 75 Maryland Aug. 8,1921 Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Howard 1 ☐ Yes 2 No West Friendship 10e. Street end Number 10f. Zlp Code 10g. Citizen of What Country? 3208 Regents 21794 United States 12. Wes Decedent Ever in U,S Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 11. Meritel Stetus 1 Never Merried 2 Married 1 ☐ Yes 2 No If Yes, Give Yeer or Detes: 1 ☐ Yes 2 No Specify Specify 3 ☐ Widowed 4 ☐ Divorced White 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 9 Business Owner Auto Supply Company 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Russe11 Hudson Ella 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Charles E. Kratz, Sr./ husband 3208 Regents Row / West Friendship, Md. 21794 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other piece) 20c. Location - City or Town, State 1 Surial 2 □ Cremetion 3 □ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Druid Ridge Cemetery 6-12-97 Baltimore, Maryland 22. Name and Address of Facility Stauffer Funeral Home 21. Signeture of Funerel Service Licensee 8 E. Ridgeville Blvd./ Mt. A 23a Part Eprisr the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, or heart feiture. List only one cause on each line. 8 E. Ridgeville Blvd. / Mt. Airy, Md. Approximete Interval Between Onset and Deeth Cardio va sculor Immediete Ceuse (Finel disease or condition resulting in deeth) Ull 1 ds Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown uone 24b. Were eutopsy findings evellable prior to completion of cause of death? 24e. Wes an autopsy performed? 1 ☐ Yes 2 1 No 1 ☐ Yes 2 ☐ No

Physician /Medical Examiner The law requires that the death certificate be executed

Physician

/Medical

Examiner

10e State

Funeral

Director

items 23a or 28a-f show iner must be notified at

Director

Funeral

Ď

Completed

Be 0

the Maryland

filed within 72 hours after death Hygiene.

natural, or

treumstic event, the Medical

permit. Pages 1 and 2 should be filed within 7. Department of Health and Mental Hygiene. Important: if item 27 is marked other than "na any injury or other treumatic event, the Mental 2005.

Baltimore, Maryland 21215-0020

Examiner physician and the burial-transit by Physician/Medical attending r signed by the a Completed peen s ate has b certificate director, Be Certification: To this funeral After within 24 hours after death To the Funeral Director: , completely filled in by the

Division of Vital Records, P.O. Box 68760,

or Attending Physician:

Hospital

death.

within 2 To the

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

25. Was case referred to medical exeminer? 28. Pleca of Death (Check only one) Hospital: 1 Yes 200 No 1 npatient 2 ER/Outpatient 3 DOA

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28d. Describe how injury occurred

28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 1 Tyes 2 No

28e. Plece of Injury - At home, farm, street, fectory, offica building, etc. (Specify)

28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(s) end manner es steted.

(Check only one) 29b. Signeture end title of certifler

31. Dete filed (Month, Dey, Year)

27. Menner of Death

1 (DNature)

2 Accident

3 Sulcide

29e. Certifier

4 Homicide

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and menner stated.

29c. License number 29d. Dete-signed (Month, Dey, Year) Mas

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) Print) PATE, SILVER SPRING Md 20912
TOSEVH M. SOLINAS MD, 98019 CORRIA AVE, SILVER SPRING Md 20912 JOSEPH M. SOLINAS 1

State Registrar

edical

5 Pending investigation

6 Could not be

32. Registrer's Signeture Sin Savelen Red 1

State of Maryland / Department of Health and Mental Hygiene 97 19267

_							Cer	titicate	ot	Death		300	Reg. No.	•	
	Physic /Medi		rary Elizabeth Refer June 6, 1997										Yeer	3. Time of Death 2:30 AM	
?	Exami		4a. Fecility Name (If not institution Vindobona Nu									ocation of Dear Heights		of Deeth erick	
A,	"Funerai Director		5. Social Security Number 217–10–0669	6. Sex 1 ☐ M 2 ☐ XF		e (In yrs. lest bir 86	rthday) Yrs.	If Under 1 Months	Year Deys	If Under Hours	24 Hrs. Min.	8. Date of Bi	rth Year 1911	9. Birth	piece (Stete or Foreign Tand
	show ed at	tor	Usual Rasidence of Decedent 10a. State 10b. County Maryland Frede.	rick		10c. City, Tow Frede									10d. Inside City Limits 1 Yes 2 No
	3a or 28a	Funeral Director	10e. Street end Number 528 Wilson P.	lace				10f. Zip C	ode 70	2			10g. Citizan of What Country? U.S.A.		ntry?
1215-0020	ors after cognitivity from the Marylan Bl. or items 23a or 28a-f show Examine must be notified at	by	11. Maritel Status 1 Never Married 2 Marr	12. Was Dec Armed F ed 1 Yas If Yes, G Year or D	orces? 24\(\text{N}\) ive	Ever In U,S. 13. Was Decedent of His If Yes, specify Cuben 1 □ Yas 2 □ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑					gin? (Sp n, Puerto	ecify Yes or No Rican, etc.)	0- 14. Rad Ble Specif	ck, White,	
Maryland 21215-0020	1 20 10 10	Completed	15. Deceden (Specify only highes Elementary/Secondary (0-12)	's Education t grade completed) College (16a.		ent's Usual (kind of work O NOT use nemake		pation during mos	t of work	ing	16b. Kind of B		dustry
aryland 2	d da d	To Be C	17. Father's Neme (First, Middle, Charles	Last)		BARN	ES				r's Nam	e (First, Middle	, Meiden Surnar	sit	JP
	ls me		19a. Informant's Name/Relations Mrs. Barbara Le	e Lipps,	Dau	ghter 1	6204	+ Kelb	au	gh Roa	ad,	e/Route Numb Thurmor	per, City or Town, it, Mary	, Stete, Zip land	21788
Baltimore,	t: If h		1 Buriei 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Mount Olivet Cemetery, June 13, 1997 Fr.									Freder	Oc. Location - City or Town, State Frederick, Maryland		
Bal	Departme Importan any injur		21. Signature of Funeral Service Licensee MO0255 22. Name and Address of Fecility. Keeney and Basford P.A. Funeral Home 106 East Church Street, Frederick, Md. 21701 238. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												1. 21701
	hysiclan /Medical xaminer	ner	shock, or heart failura. List Immediate Ceusa (Final disease or condition resulting in death)	only one couse on	2h	LIMEN Due to (or as a c	15	der				or respiretory a	arrest,	1 1 1	Approximate intervel Between Onset and Deeth
ox 68760,	nding physician and use as the burial-transit	n/Medical Examiner	Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Ceuse (Disease or injury that initiated avants resulting in death) Lest	c		Due to (or as a o			¥ 						
P.O. B.	by the attentached for u	Physicial	Part II. Other significant conditio										tobecco use co		the cause of death?
UIVISION OF VITAI RECORDS, P.O. BO OF Attending Physician: The law recultes that the death	has been signed by the atte	Completed by F	intertinal by	heatal	ne,	swallo	WI	per ng d	Sa	fune	tion	24a. Was	an autopsy ormed?	24b. W	ere autopsy findings allebie prior to mpiation of cause death?
		Be Com	25. Was case raferred to medical							20 Piece	of Doot	1 Check only		10	Yes 2 No
OT VI	this cerral direct	2	examiner? 1 Yes 2 No		-	nt 2 ER/Ou	tpetient		Oth	ner: 412 Nu			dence 6 Oth	er (Specif	γ)
DIVISION OF VITA To the Hospital or Attending Physician:	within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	Certification:	27. Manner of Death 1 ☑Natural 5 ☐ Pending 2 ☐ Accident Investig 3 ☐ Suicide 6 ☐ Could n	ation of he	ith, Dey	Yeer) In	ime of njury	M		yet rk? Yes 2⊡I	No		how injury occur		
DIVI Ital or Al	urs after ral Direc		4 ☐ Homicide determi	ned 28e. Place buildi	ing, etc.	ry - At home, far (Specify)						City or To			
Hosp.	within 24 hours a To the Funeral I completely filled	edical	29e. Cartifler (Check only one) 1 ✓ Cartifying 2 ☐ Madical E	Physician: To the xaminer: On the band men	asis of	examination and	deeth o	estigation, In	he tir my o	ne, deta an pinlon, deal	d place, th occurr	place, and due to the causa(s) and manner es st occurrad at the time, date and place, and due to		teted. the cause(s)	
Toth	To the	X	29b. Signeture end title of certifier	0				29c. L	cens	e number			29d. Date signe	d (Month,	Dey, Year)
			Kathleen		_	CH (D	320	73		June 9	, 19	97
			30. Name and address of person v Kathleen W. St						В	runsw	ick.	Marv1	and 2171	6	
	Sta Registr	te ar	31. Dete filed (Month Day Year)	997 32,7	legistre	Signature	ardal	61							

DHMH 16 Ray 6/95

State of Maryland / Department of Health and Mental Hygiene

Physician /Medical Examiner

Funeral

Director the Meryland r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at filed within 72 hours aftar Hygiana.

Baltimore, Maryland 21215-0020

Director Funeral by Completed marked other Be 2

Physician /Medical Examiner

The lew requires that the death certificate be executed Box 68760, physician the attending for use as Division of Vital Records, P.O. 3 signed t has page 2 certificata al or Attending Physician: The saftar death.

I Director: After this certificate of in by the funeral director, pa in 24 hours. the Funeral Dire Hospital within 2 To the I

JON CORY KENAS Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Jon Corv **KENAS** 6, JUNE 1997 10:08PM 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth 716 NORTH MARKET STREET FREDERICK FREDERICK If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) Months 15 M 20 F Deys Hours 215-84-7174 Yrs. Dec 9, 1975 Maryland Usual Residence of Decedent 10e. State 10b. County 10c. City. Town or Location 10d. Inside City Limits Maryland Frederick Frederick 1 Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 10244 Allview Drive 21701 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 11 Marital Status 1K Never Merried 2□ Married 1 Yes 2 No Specify: White 3 □ Widowed 4 □ Divorced 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) H & R Block Tax Preparation Work 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Jon KENAS STEPHENSON Lincoln Elizabeth Ann 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Mr. Jon L. Kenas/Father 10244 Allview Drive, Frederick, Maryland 21701 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 ☐ Burlel 2 ØCremetion 3 ☐ Removel from State Resthaven Mem GardensJun10,1997 Frederick . Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licensee, 22. Name end Address of Fecility Keeney & Basford P.A. Funeral Home 106 East Church St, Frederick, Maryland 21701 Ku Densow M00706 23a. Perf. Enter the duesse, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one cause on each line. Immediete Ceuse (Finel diseese or condition resulting In deeth) Due to (or es a consequence of): Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting in deeth) Lest Due to (or es e consequence of): Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings evelleble prior to completion of cause of death? 24e. Was en eutopsy performed? Completed 1 Yes 2 □ No 1 Yes 2 No 25. Wes case referred to medical examiner? Be 26. Plece of Deeth (Check only one) Hospitel: 1 Inpatient 2 ER/Outpetlent 3 DOA Other: 4 Nursing Home ** Nursing Home 6 Other (Specify) 2 1 XYes 2 No 28e. Dete of Injury (Month, Dey Yeer) 27. Menner of Deeth 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury et Work? 1 Neturel 5 Pending UNK 18cl investigation 1 Yes 2 No 6.6.97 2 Accident 6 Could not be determined 3 Sulcide

28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify)

28f. Location (Street end Number or Rural Route Number, City or Town, State) 716 N. Masket Kentlick

29a. Certifier (Check only one)

4 Homicide

1 Certifying Phyelcian: To the best of my knowledge, death occurred et the time, date end plece, and due to the ceuse(s) end menner es stated. Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the ceuse(s) end menner steted. 29c. License number

29b. Signature and title of certifier

O.C.M.E.

29d. Dete signed (Month, Dey, Year) JUNE 7, 1997

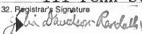
30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) Ann Dixon M.D

111 Penn Street, Baltimore, Maryland 21201

State Registrar

Medical

31. Dete filed (Month, Day, Year) JUN 0 9 1997



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** May 1997 0640 Am /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner SHADY GROVE ADVENTIST HOSPITAL ROCKVILLE MONTGOMERY If Under 24 Hrs. Hours Min. 5. Social Security Number 6. Sex 7. Aga (In yrs. last birthday) If Under 1 Year 8. Date of Birth (Month, Day, Year Birthplace (Stata or Foreign Country) **Funeral** Months Days 1 M 2 M F 411-01-7338 90 Director May Tennessee Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours aftar death with the Maryland Department of Hastilh and Mental Hyglene.
Important: If item 27 is marked other than "natural", or items 23s or 28s4 show any iniportant: it in the 27 is marked other than "natural", or items 23s or 28s4 show any injury or other traumatic event, me Medical Examiner man be nomed at 10a. State 10c. City, Town or Location 10b. County 10d. Inside City Limits Montgomery Maryland Gaithersburg 1X Yas 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 301 Russell Avenue 20877 American Funeral 14. Race - American Indian, Black, Whita, atc. 12. Was Decedant Evar in U,S. Armed Forces? Was Decedent of Hispanic Orlgin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puerto Rican, etc.) 11. Marital Status 1 ☐ Yas 2 ☒ No If Yes, Give Yaar or Datas: 1⊠ Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: White þ 3 Widowad 4 Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Coilege (1-4or 5+) Eiamentary/Secondary (0-12) Statistics Clerk Insurance Company 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumama) Be Wesley Weaver Charles Loftin Adelpha 2 19a. Informant's Name/Ralationship (Type, Pnint) 19b. Malling Address (Straet and Number or Rural Routa Number, City or Town, State, Zip Code) 26509 Aiken Drive, Clarksburg, Maryland 20871 Mollie L. Kromer - Niece 20b. Place of Disposition (Name of cemetary, crematory or other piace) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Buriai 2 ☑ Cremation 3 ☐ Ramovai from Stata 4 ☐ Donation 5 ☐ Other (Specify) Montgomery Crematorium Inc. 5/30 Bethesda, Maryland 21. Signatura of Funeral Service Licensas 22. Name and Addrass of Facility Olin L. Molesworth, P.A., Funeral Home n lications that ceused the death. Do not enter the mode of dying, such as ceidlac or respiratory errest. 20872-0117 Approximata Intarvai Between Onset and Death 23a. Part1. Entar the disease, or com shock, or heart failure. List only Physician Immediata Cause (Final disaasa or condition resulting in death) /Medical Examiner Physician/Medical Examiner The law requires that the death certificate be executed tha burlal-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated avants resulting in death) Last pug Box 68760. Due to (or as a consequence of for usa as Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? Division of Vital Records, P.O. be detached 1 NYes 2□ No 3 Probably 4 Unknown nession by ond Ostroponosis 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of ceuse of death? Completed cartificata has 1 Yes 2000 1 Yes 20 No or Attending Physician: tha funaral director, 25. Was case rafarrad to medical examiner?
1 ☐ Yes 250 No Be 26. Place of Death (Check only one) Hospital: 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) Certification: To Aftar this 27. Mannar of Death 28a. Date of injury (Month, Day Year) 28d. Dascribe how injury occurred 28b. Tima of 28c. Injury at Work? 5 Panding investigation Natural 2 Accident 1 ☐ Yes 2 ☐ No 24 hours after death.

Funeral Director: A 6 Could not be datamined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) Ptace of Injury - At homa, farm, streat, factory, office building, etc. (Specify) filled in by 4 Homicide Hospital 29a. Certifier 🕊 certifying Physician: To tha best of my knowledge, death occurred at tha tima, data and place, and due to the cause(s) end manner as stated. Medical (Check only one) 2 ☐ Medicat Examiner: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner stated.

2 ☐ Medicat Examiner: On the bests of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. completaly within 2 To the 5 29b. Signature and titla of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Nama and addrass of person who complated cause of death (Item 23a) (Type, Print) M.D Con Hershore MD KEVIN M. 616 15001 32. Registrar's signature 31. Date filed (Month, Day, Year)

State Registrar

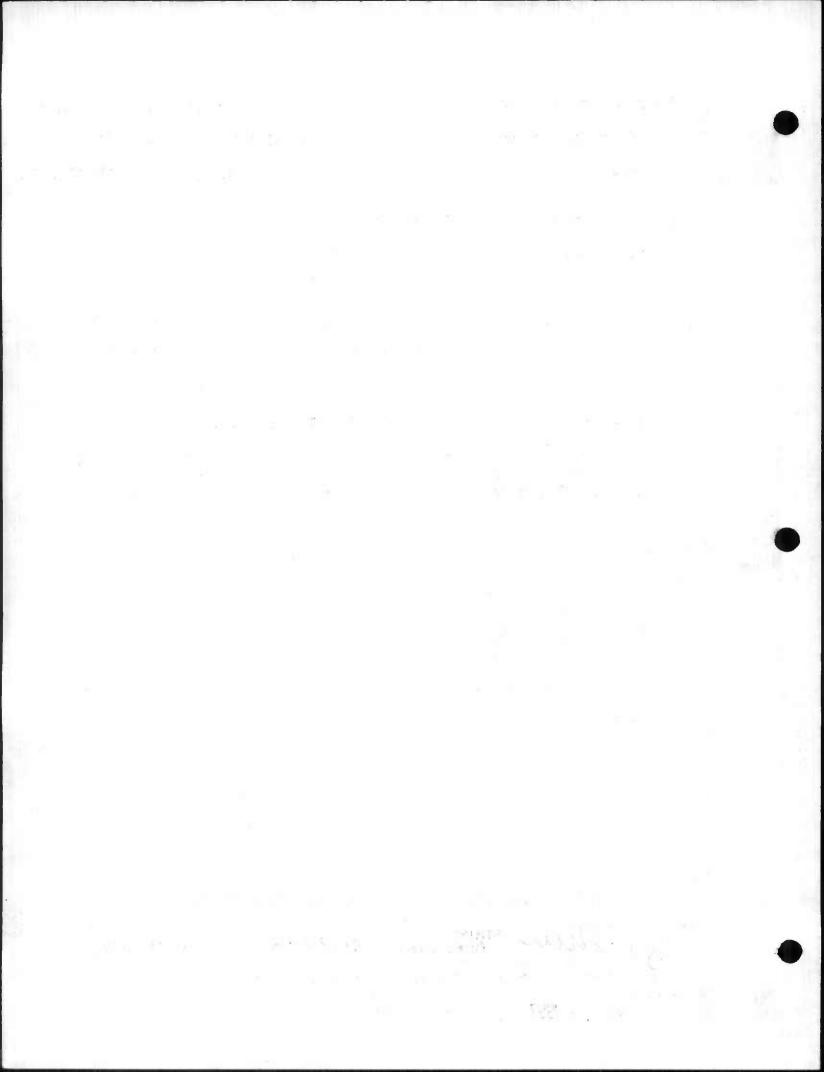
JUN 0'2 1997

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

		Decedent's Name (First, Middla, I	.ast)		Ce	rtificate of	Death	2. Date of Da	Reg. No.	9/	9270		
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uneral irector		5. Social Sacurity Number 6. 216-74-0451 Usual Residence of Decedant	Sax 7. 1□ M 2□ F	Aga (In yrs. In 83		If Under 1 Year Months Days	If Undar 24 Hrs. Hours Min.	8. Date of Bir (Month, Da NOV.30	th ly, Yaar) ,1913	9. Birthplace Country) EMMITS	BURG, MD		
M to	9	10a. Stata 10b. County		10c. City	, Town or Lo	ocation				10d.	Inside City Limits		
1	ţo	MD FREDERI	CK	EM	MITSB	URG					1 ☼ Yes 2 ☐ No		
or 28	Director	10e. Street and Number				10f. Zip Code			10g. Citizen of	What Country	?		
23a		N. SETON AVE.				21727	7		U.S.	Α.			
o de	by Funeral	11. Marital Status 1 ☒ Never Married 2 ☐ Marriad 3 ☐ Widowed 4 ☐ Divorced	12. Was Deceda Armed Force 1 Yes 2 If Yes, Give Year or Dete	ss? XX No		Was Decedent of H If Yes, specify Cuba 1 ☐ Yes 2 ☑ No	dispenic Origin? (Si an, Mexicen, Puert Specify:	pecify Yas or No Picen, etc.)	14. Rad Bla Specif	ce - Americen lock, White, etc.			
Medical E		15. Decedent's (Specify only highast g	Education		16e. Dece	dent's Usuel Occup	pation	luin a	16b. Kind of B				
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9 9		17. Father's Name (First, Middla, Las					18. Mother's Nan			na)			
or other traum		ELMER LIN							AE LONG				
		19a. Informant's Name/Relationship				wn, Stata, Zip Coda)							
	ŀ	JOHN T. PROPF 20a. Method of Disposition	-,-	20b. Pla	ace of Dispo	28 CHESWO		BAL I IMI	JKE, MU.				
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is .	E E	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last CHRONIC OBSTRUCTIVE PULMONARY DISEASE Due to (or as a consequence of): Due to (or as a consequence of):									ARS		
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led in by		3 ☐ Suicide 4 ☐ Homicide 5 ☐ Could not be determined 28e. Place of Injury - At home, farm, streat, factory, office building, etc. (Spacify)							Straat and Numb vn, Stata)	oer or Mulai Pio	ute rvum <i>ber</i> ,		
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compla	-	29b. Signature and title of certifier	CT	LAG		29c. License			29d. Date signe	d (Month, Day	Year)		
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	-	30. Name and address of person who	completed ceuse of	f deeth (Item :	23a) (Type, I	Print)	THE RESE						
		GRACE BROOKE,	18100 SLA	DE SCH	OOL RO	DAD, OLNE	Y, MD 20	332					
State	,	31. Date filed (Month, Day, Year)	32. Regi	trar's Signatu	ve o								

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1 Decedent's Neme (First Middle Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Joan E. Lombardi 1997 8:20 am June /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner MONTGOMERY ROCKVILLE SHADY GROVE ADVENTIST HOSPITAL Date of Birth (Month, Dey, Year) Jan 17, 1939 If Under 24 Hrs. 5. Sociel Security Number If Under 1 Year 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** 1 □ M 2 🗗 F Months Deys Hours 219-36-8250 58 Yrs Director Jan Maryland Usuel Rasidence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Pages 1 and 2 should be filed within 72 hours efter death with the Marylar neart of Health and Mental Hygiene. Int: If term 27 is marked other than "natural; or items 23a or 28a-1 show lary or other treumatic event, the leaders in the countried. 1 ☐ Yes 2 No Director Maryland Montgomery Rockville 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 4824 Flower Valley Drive 20853 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Yes 2 ☒ No If Yes, Give Year or Detes: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 HNo White þ Specify: 3 ☐ Widowed 4 🖺 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedant's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elamantary/Secondery (0-12) Collage (1-4or 5+) Legal Publishing Company Vice President 17. Fether's Nama (First, Middle, Last) 18. Mothar's Neme (First, Middle, Meiden Sumeme) Be James Henry Vincent Gertrude Virginia Hood 19e. Informant's Name/Relationship (Type, Print) 19b. Meiling Addrass (Straet end Number or Rural Routa Number, City or Town, Stete, Zip Code) Darin L. Lombardi - Son 4824 Flower Valley Drive, Rockville MD 20853 20b. Plece of Disposition (Neme of cemetary, cremetory or other plece) 20e. Method of Disposition Date 20c. Location - City or Town, Stete permit. Pages Depertment of Important: If It any Injury or o 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State 06/10/97 Alexandria, Virginia 4 ☐ Donetlon 5 ☐ Other (Specify) Metropolitan Crematory 22. Name end Address of Fecility Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue, Hyattsville, MD 20781 Part . Enter the disease, or complications that could be shock, or heart failure. List only one cause on combined the death. Do not enter the mode of dying, such es cardiec or respiratory errest, **Physician** LATERAL HIEUMONIA Immediate Ceuse (Final disease or condition resulting In death) /Medical Examiner Examine OF UNENOUND PRIMARY SITE NO CARCINOMA siclan and bunel-transit that the death certificate be executed Sequentielly list conditions, if eny, laading to immediata ceusa. Entar Underlying Cause (Disease or Injury that initiated events resulting In deeth) Lest Due to (or es e consequence of): physiclan s the buriel Box 68760, Physician/Medical Due to (or es e consequence of): 80 lor use P.O. Pert II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown HEONIC DESTRUCTIVE PULLWONARD Records, by The lew requires 24b. Were eutopsy findings eveileble prior to completion of ceuse of deeth? Completed 24e. Wes en eutopsy page 2 s 2 No 1 Yes 1 Tyas 2 No Division of Vital or Attending Physician: 25. Was cese referred to madical axaminar? Be 26. Placa of Daath (Chack only one) Hospitel: 1 X Inpatient 2 ☐ EP/Outpetient 3 ☐ DOA 1 Yes 26 No Othar: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To funeral 28a. Date of Injury (Month, Dey Year) Mennar of Death 28b. Time of 28c. Injury et Work? 28d. Dascribe how Injury occurred Natural 5 Pending investigation efter death. Director: Af 1 Yes 2 No 2 Accident 6 Could not be detarmined 3 Suicide 28e. Plece of Injury - At home, farm, streat, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 ☐ Homicide filled in 24 hours e Hospital Certifying Physician: To the best of my knowledga, daath occurred at the time, data end piece, and due to the ceuse(s) and menner es steted.

2 Medical Exeminer: On the basis of axeminetion end/or invastigation, in my opinion, daath occurred at tha time, date end place, end due to the ceuse(s) end menner steted. 29a. Certifier Medical completely (Check only one) To the To the I 29b. Signature and title of certifier 29d. Date signed (Month, Dey, Yaer) and eddress of person who completed ceuse of deep (Hem-25a) (Type, Prigt)

A PAINN MM) 9757 MED (CAT CATER ARLY) 31. Deta filad (Month, Day, Yaar) Registrar

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MIQUEL ANGEL LARIN

State of Maryland / Department of Health and Mental Hygiene

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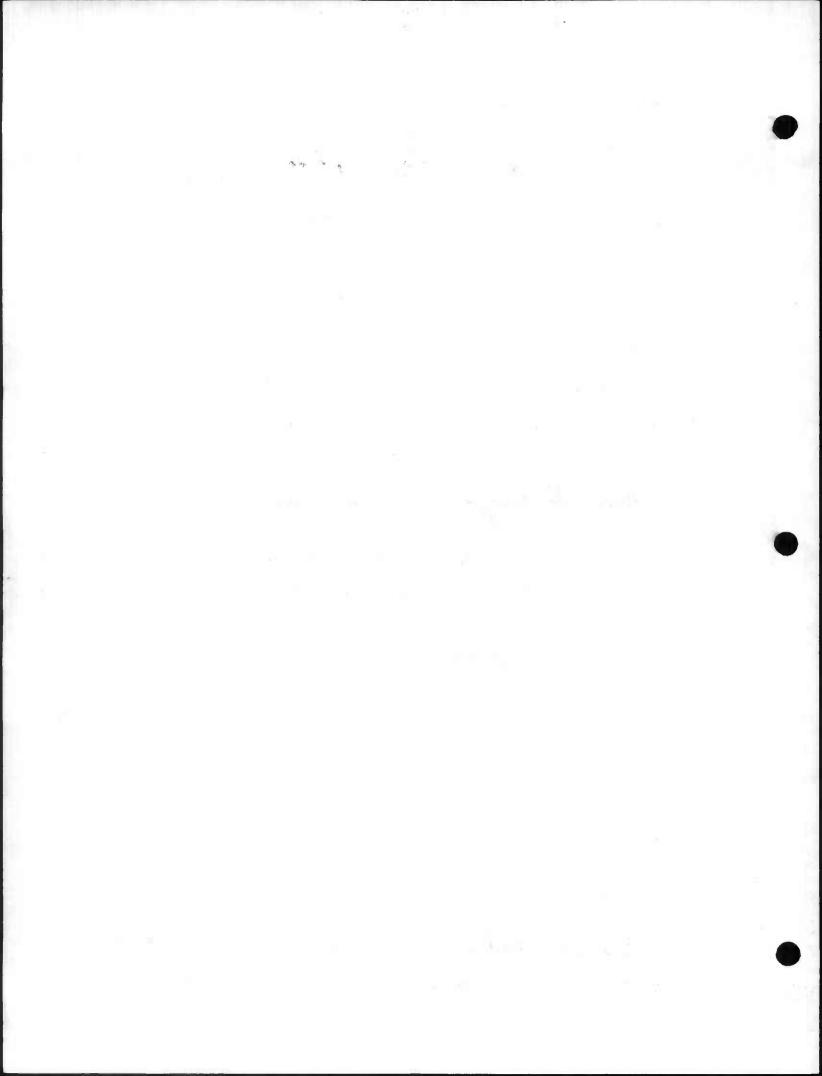
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2 aho and h		19a. Informant's Name/Ralationship (Type, Print)		19b. Mailing Ad	drass (Street	and Number or	Rural Routa Numb	er, City or Town,	Stata, Zip	Coda)
1 and Health im 27 ther to		Jesse M. Phoebu		com	820 S e of Disposition atery, cremator	(Name of		Apt. 20	1, Salish		
Pages nent of I arrt: If its ury or or		1 ☐ Burial 2 ☐ Crametion 3 ☐ 4 ☐ Donetion 5 ☐ Othar (Specification)		9	don Pari			6/9/97	Baltim	ore,	MD
permit. Pa Departmen Important: any Injury 20058.		21. Signature of Funeral Service Licer	1/2.00		Ho		Funera	al Home Rd., Sali			
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sw requir	Completed t	Os teops	Y010					24a. Was	an autopsy ormed?	CON	ara autopsy finding allable prior to mpletion of cause death?
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5 5 8		27. Mannar of Death 1 Naturai 5 Panding 2 Accident Investigation	28a. Data of Inju (Month, Da	ury 28	b. Time of injury	28c. Injur Wor		-	how injury occur		
To the hospital or Attending Physician 24 hours after deceath. To the Funeral Director. After this completely filled in by the funeral	Certification:	3 Suicide 6 Could not be detarmined	288. Place of in	ijury - At homa tc. (Specify)	, farm, street, fa	actory, office		28f. Location (City or To	Street and Numb wn, Stata)	er or Rura	l Routa Number,
n 24 hou ne Funer sletely fill	edical	29a. Cartiflar (Check only one) 1 ☐ Certifying Ph	yalcian: To the bast liner: On the basis o and mannar st	of axamination	dga, daath occu end/or investig	irred at tha tin ation, in my o	na, data and pla pinion, daath o	ace, and dua to tha courred at the tima,	causa(s) and ma data and place,	ennar as at and dua to	ated. tha cause(a)
To the comp	Σ	29b. Signetura and title of certifier				29c. Licans	e number		29d. Data aigne	d (Month, i	Day, Year)
	20	30 Name and discourse	1227	death the co		D	02026		time 5	-47	
		30. Nama and addrass of person who Federico G. Art		`		inca	Porli-	, Marylan	21011	4	
Stat	te ar	31. Dete filed (Month, Day, Year) JUN 06 1007	32. Registi	rar's Signatura		THES	DELITII	, narytal.	M 21011		

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 1997 Year **Physiclan** May 30, Gloria May Ann 9:15 P.M. /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Frederick Frederick Frederick Memorial Hospital If Undar 1 Yaar If Undar 24 Hrs. 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) **Funeral** 1□ M 20 F Months Days 214-34-9353 64 Yrs Director Feb. 16, 1933 Maryland Usual Rasidance of Decedant the Manyland 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits item 27 is marked other than "naturel", or items 23a or 28a-f show other treumstic event, the Modical Examinar must be notified at 1X Yas 2 No Frederick Director Frederick Maryland 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? with 102 Pine Avenue 21701 U.S.A. Funeral Was Dacedant Evar in U,S. Armed Forcas? Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amaricen Indian, Black, Whita, atc. 11. Marital Status permit. Pages 1 end 2 should be filed within 72 hours after of Department of Health end Mantal Hygiane. Introcrant: If item 27 is merked other than "neturel", or item any Injury or other treumetic event 1 Yas 2 No If Yas, Giva Yaar or Datas: 1 Navar Marriad 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: by Specify. White 3 ☐ Widowed 4 X Divorced Completed 16a. Decedant's Usuel Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) Collega (1-4or 5+) Own Home Homemaker 17. Father's Name (First, Middla, Last) 18. Mother's Nama (First, Middla, Meidan Sumama) Be MAYHEW DANNER William Ruth Ann 2 19a. Informent's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rurel Route Number, City or Town, Stata, Zip Coda) Brenda S. Baugher, Daughter 3111 Basford Road, Frederick, MD 21703 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata 1 X Burial 2 □ Cramation 3 □ Ramoval from Stata Mount Olivet Cemetery, June 3, 1997 Frederick, Maryland 4 ☐ Donetion 5 ☐ Othar (Specify) 21. Signatura of Funaral Sarvice Licensas 22. Nama and Address of Facility Keeney & Basford P.A. Funeral Home M00703 106 East Church, Frederick, MD 21701 23a. Part1. Enter the disease, or complications that a shock, or heart failure. List only one cause of usad tha death. Do not antar tha mode of dying, such as cardiac or respiratory arrest, Approximata Intarval Betw Onsat and Death **Physician** /Medical Immediete Causa (Finat disease or condition rasulting In death) I WELL CARESTAL Examiner Due to (or es e consaguance of): Examiner 3 WEEKS sician and burief-transit MYDLANDIAZ Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Causa (Disease or Injury that initieted events resulting in devents Due to (or as a consequence of) physician the burie Box 68760 DIABRITAS Physician/Medical thet initieted events rasulting in death) Last Due to (or as a consaquance of): HIPGATENS10M P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco usa contribute to the cause of deeth? signed by t d be detach 1 Yes 2 No 3 Probably Unknown Records, þ 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to Completed peed complation of causa of death? has certificate 1 ☐ Yas 2 ☐ No 1 ☐ Yas 2 ☐ No Division of Vital 25. Wes case rafarrad to medical axaminar? Be 26. Place of Death (Check only ona) Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas 25 No 2 1 Hepatiant 2 ER/Outpatient 3 DOA this funeral 27. Mennar of Daath he Hospital or Attending Pin 24 hours after daath. 28b. Time of 28c. Injury et Work? 28d. Dascribe how Injury occurred Certification: After 1 Netural 5 Pending 1 ☐ Yes 2 ☐ No invastigetion 2 Accident 6 Could not be determined 3 ☐ Suicida 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, offica building, atc. (Specify) 4 Homicida t Certifying Physicien: To the best of my knowledge, deeth occurred et the time, data and place, and due to the ceusa(s) end menner es steted.

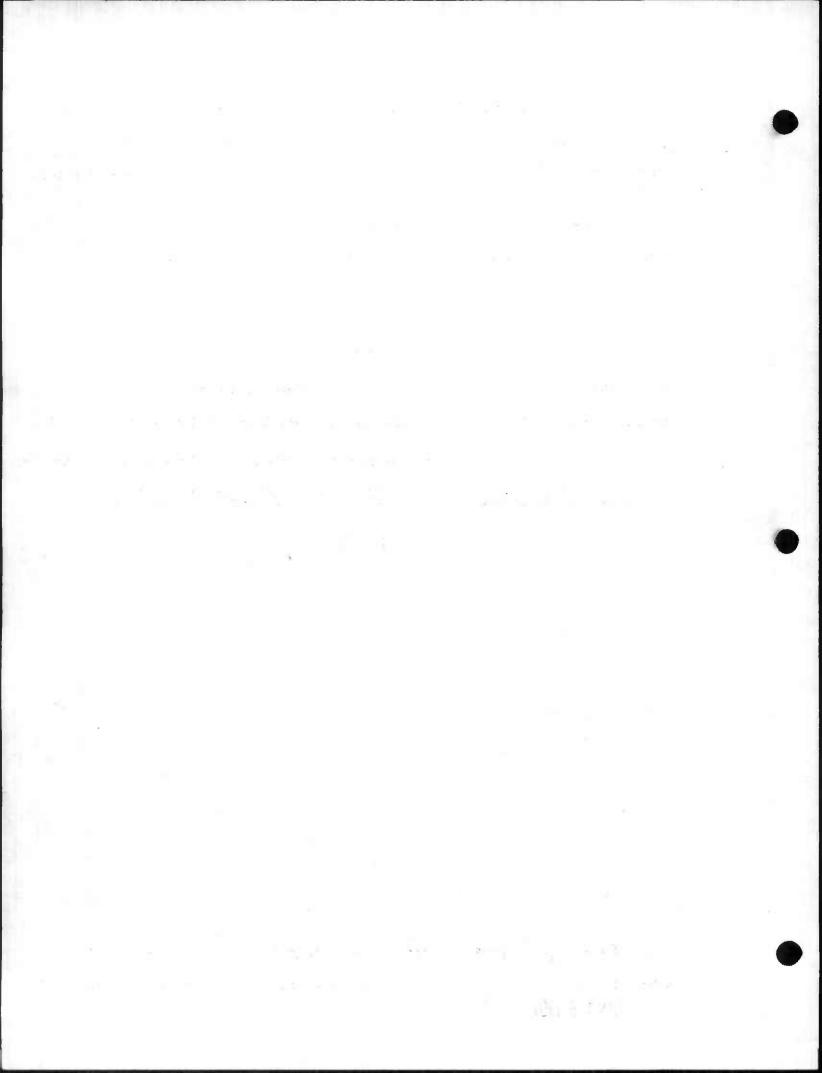
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end manner stated. 29a. Certifier To the Vithin 2 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Yaar) D12697 30. Nema end address of person who completed ceuse of deeth (ttem 23e) (Type, Print) 915 TOLL YOUSE SHERMAN HEADERICK KAHAN 21701 32. Registra's Agnatora 31. Data filad (Month, Day, Year) State Registrar



State of Maryland / Department of Health and Mental Hygiene 19275 Certificate of Death

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			Usuai Residence of I	10b. County		10c. City, T	own or Loca	ation				10d	. Inside City Limits
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	7.284	irec	10e. Street end Num	ber				10f. Zlp Code			10g. Citizan of	Whet Country	n
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Dalumore,			20e. Method of Dispo 1 ☑ Burial 2 ☐		Removel from State			tion (Neme of story or other p		Dete	20c. Location		
d	rtant			Other (Specif	·	Fort	-	t Cemet		5/29/9/	Forty 1	fort,	Penna.
3	Department of Important: If if any injury or of office.		21. Signeture of Fun	Da		++	01	in I N	ress of Fecility	rth, P.A.,	Funera	Home	
			23a Part 1 Enter the	disease or com	plications thet caused one ceuse on each li	in deeth [26	401 Ric	ge Road	l, Damascu	s, Mary	land	20872
E	hysician /Medical Examiner	Examiner	Immediata Causa (F disease or condition resulting in deeth) Sequantieily list con- if env. leeding to imm	ditions,	e. Aur	icular Due to (or es	Fibri s e conseque Artery	illatio ence of): 7 Disea	n			Mi	nutes
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Hoen.	within 24 hours after death To the Funeral Director: completely filled in by the	edicai	29a. Certifier (Check only one)	CertifyIng Ph	yalclan: To the best of ninar: On the basis of and menner ste	of my knowted fexaminetion eted.	dge, death o end/or inve	occurred et the stigetion, in my	time, dete end opinion, death	pleca, end due to the occurred et the time	e ceuse(s) end me , dete and pleca,	enner es stete end due to th	ed. e cause(s)
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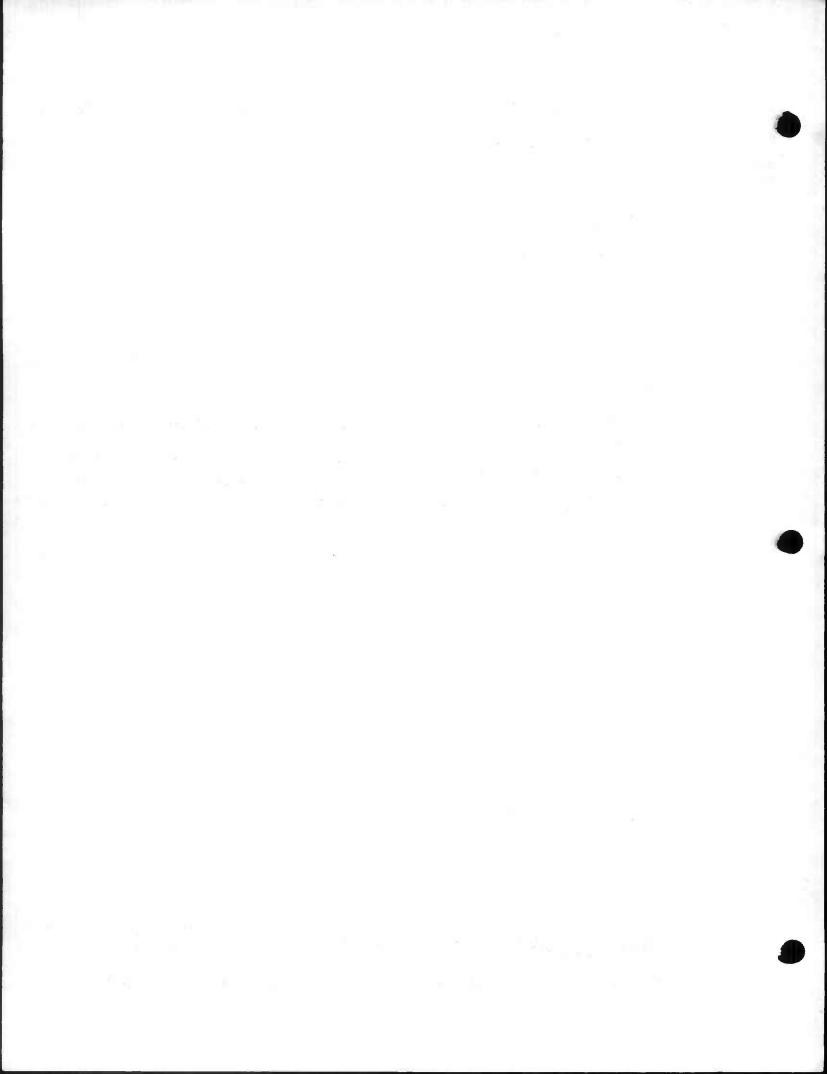
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show		Usual Residence of Decedent 10e. State 10b. County	10c. Cit	y, Town or Loc	ation				10d. Inside City Li
or 28a-f	Directo	Maryland Howard 10e. Street end Number	E1	licott	City 10f. Zip Code			10g. Citizen of V	1 ☐ Yes 2 ☑ Whet Country?
tal hygiene. d other than "natural", or items 23a or 28a-f show event, the Medical Examinar must be nuttined at	by Funeral C	1 ☐ Never Merried 2 ☑ Married 1 ☐ Yes	Decedent Ever in U, d Forces? les 2 X No	if	21042 /es Decedent of I Yes, specify Cub	Hispenic Origin? (S en, Mexican, Puert Specity:	pecify Yes or No o Rican, etc.)	Bled	States a - American Indien, ck, White, etc.
Hygiena. ther than *natural ant, the Medical E	Completed t	15. Decedent's Education (Specify only highest grade complete		(Give k life. D	ent's Usuel Occup Ind of work done O NOT use retire	during most of wor	king		usiness/industry
and Mental Hygi Is marked other aumatic event, I	To Be Co	17. Fether's Neme (First, Middle, Last) James Mathias 19e. informant's Neme/Relationship (Type, Print)				18. Mother's Nan	nna Shi	Meiden Sumem De	ne)
item 27 other tr		Lucy M. Mathias/ Wife 20e. Method of Disposition 1 Burial 2 Cremetion 3 Remove if reduced by the state of t	OH Stete	10228 Placa of Dispos emetery, crem	Queens ition (Neme of atory or other ple	Camel Co	urt, Eli	Licott C	City Md. 21042 City or Town, State
Department of important: If i any injury or once.		21. Signeture of Funeral Service Licensee 22. Pert1. Enter the disease, or complications the shock, or heart feilure. List only one equations	lesu att	v = 01 22 23 24	in L. Me	olesworth	P.A. Fu	neral H	and 20872 Approximete intervel Between
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death 3. Time of Death **Physician** Month Year WILLIAM HOLT MACMULLEN JUNE 1997 12:30 AM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** Frederick Memorial Hospital Frederick Frederick 6. Sax 1 M 2 □ F Birthpiaca (Stata or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funeral** Days Hours Min. Yrs. Director 100-22-9076 Dec. 25, 1924 New York Usual Residence of Deceden the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Haelith and Mantal Hygiene. Important: if item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, The Marical Examiner man to notified any injury or other traumatic event, The Marical Examiner man to notified at XXYes 2□No Director Maryland Frederick Frederick 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 811 Montclaire Avenue Funeral 21701 United States 12. Was Decedent Ever in U,S. Amed Forces? 1 Ճ Yes 2 □ No If Yes, Give Year or Dates: WWII Was Dacedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puarto Ricen, atc.) 14. Race - Amarican Indian, Biack, White, etc. 1 Never Married 2 Married 3altimore, Maryland 21215-0020 1 Yes 2 No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Dacedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Eiementary/Secondary (0-12) College (1-4or 5+) +4 Secretary/Treasurer Potomac Edison 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Ross Albert MacMullen Annie Laurie Holt 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mary L. MacMullen, wife Frederick, Maryland 21701
Date 20c. Location - City or Town, State 811 Montclaire Avenue 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a, Method of Disposition Date 1 ☐ Buriai 2 X Cramation 3 ☐ Removal from State 4 Donation 5 Other (Specify) 6/12/97 Resthaven Crematory Frederick, Maryland 22. Name and Addrass of Facility Stauffer Funeral Homes, P.A. 21. Signeture of Funeral Service License Frederick, Maryland 21702 1621 opossumtown Pike 23a Part I Enter the disease cations that caused the death Do not antar tha moda of dying, such as cardiac or respiratory arrest, Approximate interval Between Onset and Death sease, or compliane. List only or **Physician** /Medical immediate Cause (Final disease or condition resulting In daath) Examiner Due to (or as a consequence of) STROICE 5 DAYS Examiner attending physician and for use as the burial-transit Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Causa (Disaase or Injury that Initiated events resulting in death) Last Due to (or as a consequence of): Box 68760. certificate be Physician/Medical Due to (or as a consequence of): ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown by 24b. Ware autopsy tindings available prior to complation of ceuse of death? 24a. Was an autopsy performed? Completed 1 ☐ Yas 2 ☐ No 25. Was cese referred to medical examiner? Be 26. Piaca of Daath (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA 1□ Yes 2 No Othar: 4 ☐ Nursing Home 5 ☐ Rasidance 6 ☐ Other (Specify) 10 funeral 28d. Describe how Injury occurred ne Hospital or Attanding Pl in 24 hours after daath. ne Funerel Director: After th 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? Certification: After 1 Natural
2 Accident 5 Pending Invastigation 1 Yes 2 No 6 Could not be datarmined 3 ☐ Suicide 28f. Location (Straet and Number or Rural Route Number, City or Town, State) Place of Injury - At homa, farm, straet, factory, office building, etc. (Specify) 4 Homicide 1 N Certifying Phyaician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29a. Cartifier Medical To the Hosp within 24 ho To the Fune completely fi (Check only one) 29b. Signatura and titia of certifip 29c. License number 29d. Data signed (Month, Day, Year) 197 30. Nama and address of person who complated causa of death (Itam 23a) (Type, Print) TANET AUZ WARAVDELLAN MD 204, MEDERICK MD 21702 1475 31. Data filed (Month, Day, Year) 32. Registrar's Signature State Registrar JUN 1 3 1997

DHMH 16 Rev 6/95



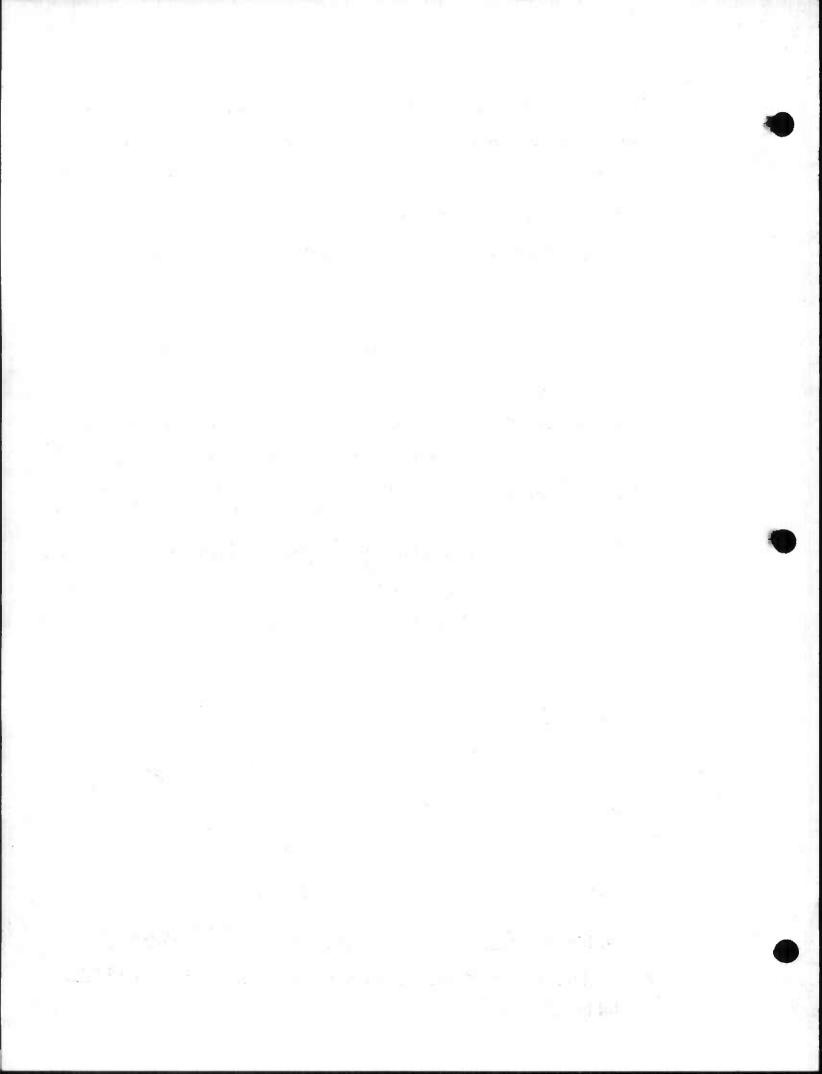
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day **Physician** Month **EVERETT** WARFIELD MULLINIX JUNE 8. 1997 12:24 PM /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Frederick Memorial Hospital Frederick Frederick If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 6. Sax 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplace (Stata or Foraign Country) **Funeral** 1₩ M 2□F 75 Director 215-20-7847 Dec. 11, 1921 Maryland Usual Residence of Decedant death with the Maryland 10a State 10b. County 10c. City. Town or Location r than "natural", or Items 23a or 28a-f show the Medical Examinar must be nothed at 10d. Inside City Limits Maryland Frederick Monrovia 1 ☐ Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 11939 Gladhill Brothers Road 21770 American Funeral 12. Was Dacedent Ever in U,S. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian Black, White, atc. filed within 72 hours efter 1 Never Married 2™ Married 1 ☐ Yes 2 ☒ No If Yes, Giva Baltimore, Maryland 21215-0020 1 ☐ Yes 2X No Specify: White If Yes, Giva Year or Dates: P 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Businass/Industry permit. Pages 1 and 2 should be filed withir Department of Health and Mental Hygiene. Important: If Item 27 Is marked other than any injury or other traumatic event, the Na Elemantary/Secondary (0-12) College (1-4or 5+) Artificial Insemination 11 Cattle 17. Fathar's Name (First, Middle, Last) 18. Mothar's Name (First, Middle, Maiden Sumame) Be 2 Roby H. Mullinix Ruth Warfield 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21770 Maryland Janice W. Mullinix - Wife 11939 Gladhill Brothers Road, Monrovia, 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 Burial 2 □ Cremation 3 □ Removal from State 6/11/97 Damascus, Maryland Bethesda Meth. Cemetery 4 ☐ Donation 6 ☐ Other (Spacify) 21. Signature of Funeral Service Licensee 22. Name and Addrass of Facility Olin L. Molesworth, P.A., Funeral Home overt 23a. Part1, End, the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrast, shock; or harm feature. List only one cause on each line. 20872 Approximate Interval Between Onsat and Death **Physician** /Medical Immediata Cause (Final disease or condition rasulting in death) Examiner Examiner sician end burial-transit Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disaasa or Injury that initiated evants resulting in daath) Last physician s the burial Box 68760 8 Physiclan/Medical Dua to of as a consequence of): Division of Vital Records, P.O. deteched Part It. Other eignificent conditions contributing to death but not resulting in the undarlying cause givan in Part I. 23b. Did tobacco uee contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown P 24b. Wara autopsy findings available prior to complation of ceuse of daath? 24a. Was an autopsy parformad? Completed page 2 s 1 Yes 2 No certificate 1 ☐ Yas 2 ☐ No I or Attending Physician: efter death. Director: After this certific 25. Was cese referred to medical examiner? 26. Placa of Daath (Chack only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) OL 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral 28a. Date of Injury (Month, Day Yaar) 27. Mannar of Death 28b. Time of Certification: 28c. Injury at Work? 28d. Describe how injury occurred 1 Maturai 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, streat, factory, office building, etc. (Spacify) 4 Homicide 24 hours e Hospital 1 Certifying Physicien: To the best of my knowledge, death occurred at tha time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, daath occurred at tha time, data and place, and due to the cause(s) and manner stated. edicai 29a. Certifier completely (Check only one) To the F 29b. Signature and title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Nama and addrass of parson who complated causa of death (ttam 23a) (Type, Print)

201 Thomas Johnson On Frishous MD

32. Segistrary Signatura

DHMH 16 Rev 6/95

State Registrar MARK P. KUBIN



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month 7:45p.m. 1997 Mary Mildred Maddox June /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City Town, or Location of Deeth 4c. County of Deeth Examiner Charles 3010 Blackfoot Road Bryans Road 5. Sociei Security Number If Under 1 Yeer If Under 24 Hrs.

Months Devs Hours Min 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Day, Year) **Funeral** Birthplece (State or Foreign Country) Months Deys 1 M 2 XF Yrs. Director 219-12-3730 73 July 9, 1923 Washington D.C Usuei Residence of Decedent the Maryland 10e State 10b Counts 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic avant, the Modical Examiner must be notified at 1 ☐ Yes 2 No Director Maryland Charles Bryans Road 10e. Street end Number 10f. Zlp Code 10g. Citizen of Whet Country? with 3010 Blackfoot St Funeral 20616 U.S.A filed within 72 hours efter death 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 11. Meritel Stetus 1 Never Merried 2 Merried 1 Yes 2 No
If Yes, Give
Yeer or Detes: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) Peges 1 end 2 should be filed w linent of Health end Mentel Hygier lant: If item 27 Is marked other th lury or other traumatic avant, the Homemaker Her Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Walter Ashby Millar Nettie Orene Mays 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Preston F. Maddox Husband Same as #10 20b. Plece of Disposition (Name of cemetery, crematory or other place) June 13, 1997 20e. Method of Disposition 20c. Location - City or Town, State 1 ☐ Buriei 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) permit. Pege Depertment of Important: If any injury or once. Christ Episcopal Church Ironsides, Maryland 22. Name and Address of Facility
Williams Funeral Home, P.A. 21. Signeture of Funerei Service Licens M00668 4270 Hawthorne Rd., Indian the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest. 4270 Hawthorne Rd., Indian Head, Md. 20640 shock, or hear feilure. List only one ceuse on eech line. Approximete Interval Between Onset end Deeth Physician /Medical Immediate Cause (Final disease or condition resulting in deeth) Uterine Cancer Examiner Due to (or es e consequence of): that the death certificate be executed physician and s the burief-trans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or es e consequença of). Division of Vital Records, P.O. Box 68760 Physician/Medical Due to (or es a consequence of): for use as ed by the e Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably €Unknown g 24e. Wes an eutopsy performed? 24b. Were autopsy findings Completed peen evaileble prior to completion of cause of death? hes 1 Yes 2000 1□Yes 2□No funeral director, 25. Wes case referred to medical examiner? Be 26. Place of Deeth (Check only one) 1 Yes 2ENo Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menper of Deeth Certification: 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending Investigation 1 Neturel death. 1 Yes 2 No 2 Accident after death Director: 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) completely filled in by 4 Homicide Hospital 24 hours 12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the cause(s) end mannar as steted.
2 Medical Examiner: On the basis of exeminetion end/or investigetion, in my opinion, deeth occurred at the time, dete end pleca, and due to the cause(s) end menner steted. 29a. Certifier edical (Check only one) To the within 2 29b. Signature end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) D28352 June 11, 1997 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) Krishan Mathur, M.D. - P. O. Box 2729, La Plata, MD 20646 31. Date filed (Month, Day, Year) 32. Registrer's Signeture

Davideor Rantell



ANASTASIA MAHER

1. Decedant's Nama (First, Middla, Last)

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Reg. No.

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29d. Data signad (Month, Day, Year)

JUNE 12, 1997

2. Data of Death

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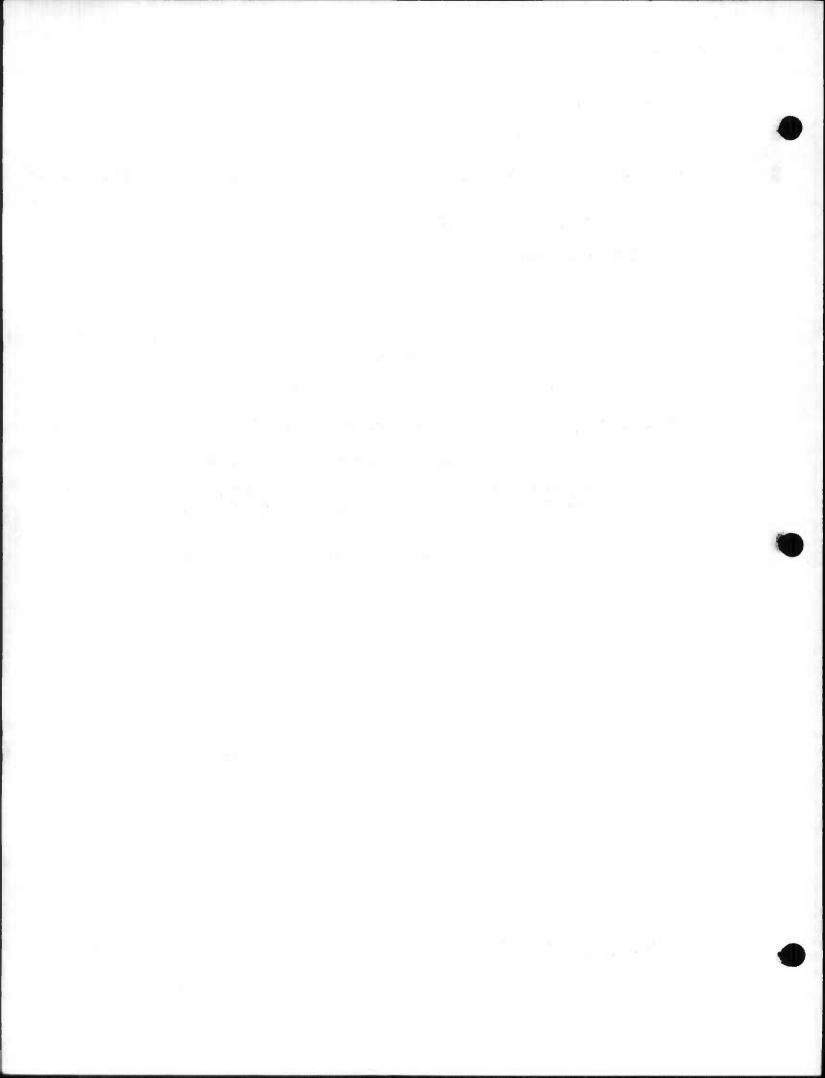
29b. Signatura and titla of cartifia

Theodore King M.D.

30. Name end eddrass of person who complated caus daath (Itam 23a) (Typa, Print)

32. Registrar's Signature

Julia Davidson Rardall



State of Maryland / Department of Health and Mental Hygiene 97 19281

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State of Maryland / Department of Health and Mental Hygiene 97

Certificate of Death 1 Decedent's Neme (First Middle Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** June 8, Imogene Н. Moran 1997 11:32 PM /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Southern Maryland Hospital Center Clinton Prince George's If Under 1 Year | If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Sociei Security Number 7. Age (In yrs. lest birthday) Birthplace (Stele or Foreign Country) **Funeral** 1□M 2XIF Months Yrs Director Sept. 7, 1924 South Carolina 420-12-5792 Usuel Residenca of Deceden the Maryland 10e State 10h County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at 1 Yes 2K No Director Temple Hills Maryland Prince George's 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ò items 23a 20748 U.S.A. 2511 Afton Street Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No it Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bieck, While, etc. 11. Meritai Stelus 1 Never Merried 2 Married Specify.White Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind ot Business/Industry American Elementary/Secondery (0-12) College (1-4or 5+) Insurance Underwriter Internatl. Underwriter 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Alvin Hunt Myrtle Golden 19e. Intorment's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Michael J. Moran/Husband 2511 Afton St. Temple Hills, Md. 20748 20e. Method of Disposition 20b. Piece of Disposition (Neme of cemetery, cremetory or other plece) Date 20c. Locetion - City or Town, State XX Burlel 2 Cremetion 3 Remove from State Resurrection Cemetery 6/13/97 Clinton, Md. 4 Donetion 5 Other (Specify) 21. Signature of Pineral Service Lineaser George P. Kalas Funeral Home alas 6160 Oxon Hill Rd. Oxon Hill, Md. 20745 Fair Lenter the disease, or complications that or said the death. Do not enter the mode of dying, such as cardiac or respiratory errest, how for heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deelh **Physician** immediate Ceuse (Finel disease or condition resulting in deeth) /Medical Examiner (or es e consequenca of): Examiner that the death certificate be executed burial-tren Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Couse (Disease or Injury that initiated events resulting in deeth) Last end Records, P.O. Box 68760 physician Completed by Physician/Medical the Due to (or es e consequence of): Part il. Other significant conditions contributing to death but not resulting in the underlying cause given in Part L 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown To the Hospital or Attending Physician: The law requires within 24 hours after deeth.
To the Funeral Director: After this certificate has been sign completely filled in by the funeral director, page 2 should be completely filled in by the funeral director, page 2 should be 24b. Were eutopsy tindings available prior to completion of cause of death? 24a. Wes en autopsy performed? 1 Yes 1 ☐ Yes 2 ☐ No Division of Vital 25. Wes case reterred to medical exeminer? Be 26. Piece of Deeth (Check only one) Certification: To 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpetient 3 DOA 27. Menner ot Deeth 28b. Time of Injury 28a. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Couid not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide edical 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(s) end menner es steted.
2 Medical Examiner: On the basis of exeminetion end/or investigetion, in my opinion, deeth occurred et the time, date and pleca, end due to the cause(s) end manner steted. 29e. Certifier 29b. Signeture end title ot certifier 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 710 KIVIEVAS 32. Registrar's Signature 31. Date filed (Month, Day, Year) State **JUN 11** Registrar

State of Maryland / Department of Health and Mental Hygiene

9283

Physician
/Medical
Examiner

Funeral Director

the Maryland 7 is marked other than "natural", or flems 23s or 28s-f show traumatic event, its Modical Examiner must be nothred at permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: If Item 27 Is marked other than "natural, or Item any Injury or other traumatic event, the Medical Experiment

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

The law requires that the death certificate be executed and physician a for use as the signed by the peen ate has page 2: certificate

P.O. Box 68760,

Records,

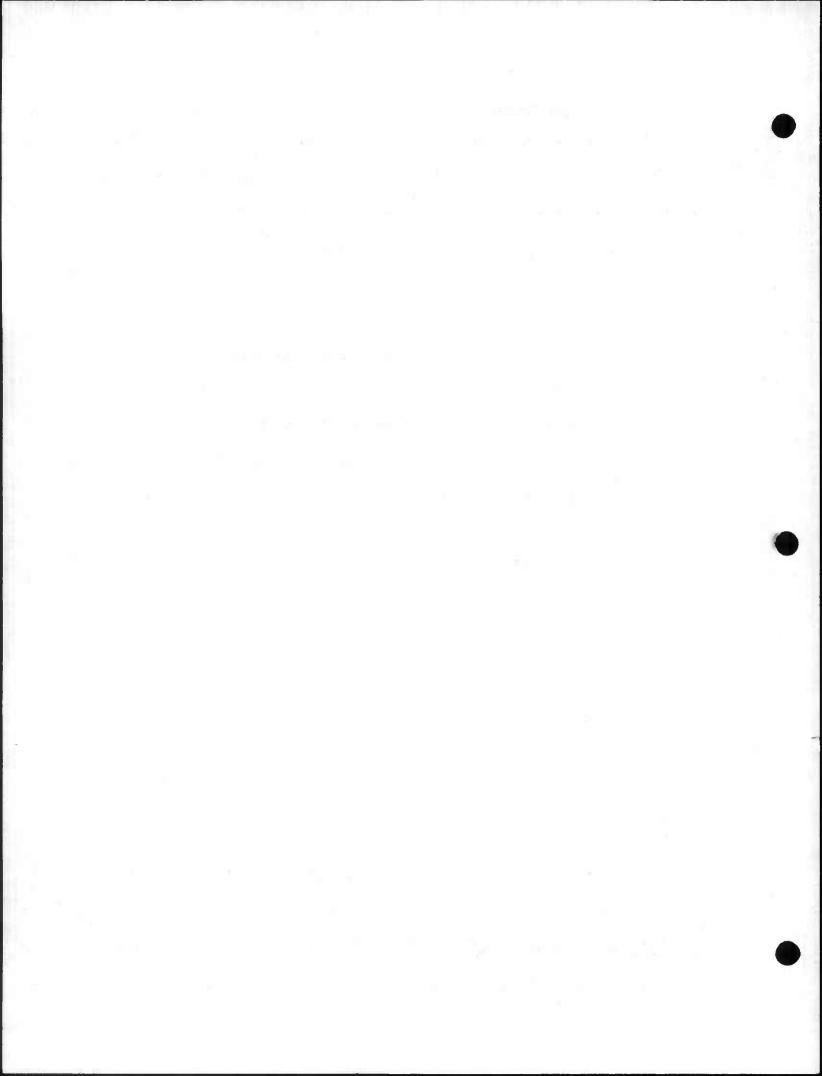
Division of Vital

To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifics completely filled in by the funeral director, i State Registrar

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Year May 24, 1997 11:20 PM Melton Joseph Newman 4e. Fecility Neme (If not institution, give street end number) 4h City Town or Location of Deeth 4c. County of Deeth 12102-A Old Annapolis Rd. Frederick Frederick 5. Sociel Security Number if Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 7. Age (In yrs. last birthdey) Birthplece (Stete or Foreign Country) 1 M 2 □ F Hours 57 Yrs. 332-32-0772 Oct 19, 1939 Illinois Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits MD Frederick Frederick 1 Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 12102-A Old Annapolis Rd. 21701 USA Funeral 12. Was Decedent Ever in U.S.
Armed Forces?
1 ☑ Yes 2 ☐ No
If Yes, Give
Yeer or Detes: 1961-91 13. Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 Never Married 2 Married 1 Yes 2 No Specify: Specify: White þ 3 Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Dir of Clinical Engineering 12 Hospital 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be Marrion Clifford Newman Hazel Annetta Wade 19a. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) Carlene Newman/Wife 12102-A Old Annapolis Rd., Frederick, MD 21701 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Buriel 2 □ Cremetion 3 □ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) 5/31/97 Mt Carmel, Illinois Antiock Cemetery 21. Signature of Funeral Service Licensee. 22. Name end Address of Fecility Stauffer Funeral Home 23e. Pert . Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or he in feilure. List only one cause on each line. P.O. Box 1819, Frederick, MD 21702 Approximete Interval Between Onsel end Deeth immediate Cause (Final ASCVI 525 diseese or condition resulting in death) Due to (or es e consequence of): Examiner Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Physician/Medicai Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Tropical Sprue 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 🕅 Unknown p 24a. Wes en eutopsy performed? 24b. Were eutopsy findings eveileble prior to Completed completion of ceuse of deeth? 1 Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Was case referred to medical exeminer? 26. Plece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Yes 2□ No Certification: To 2 ER/Outpetient 3 DOA 27. Menner of Deeth 28d. Describe how Injury occurred 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 1 Naturel 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 - Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner steted. 29a. Certifier Medical 29b. Signalure end little of certifier 29c. License number 29d. Date signed (Month, Dey, Year) D35164 30. Name and eddress of person who completed cause of deeth Item 23e) (Type, Print) 1080 W. Patrick St Frederick, MD 21703



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth Month **Physician** OSWALD 29, MAY 4:40 P.M. May 1997 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 4933 Old Barthlows Road Mt. Airy If Under 24 Hrs. Frederick 5. Social Sacurity Number If Under 1 Year 9. Birthpleca (State or Foreign Country) Virginia 7. Age (In yrs. lest birthday) **Funeral** 1□M 2XF Months Days Hours Min. Yrs. Director 228-88-7812 Usual Residence of Decedent 10c. City, Town or Location 10a State 10h Count 10d. Inside City Limits 28a-f show traumetic event, the Medical Examiner must be notified at 1 Yes 2 No Mount Airy Director Maryland Frederick 10f. Zip Code 10e. Street end Number 10g. Citizen of What Country? ò United States 21771 items 23a 4933 Old Barthlows Road Funeral 12. Was Decedant Evar In U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Yaar or Detes: 13. Wes Dacedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puarto Rican, etc.) 14. Race - Amarican Indien, Bleck, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 natural', or 1□ Yes 2☑ No Specify White by 3 Widowed 4 □ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Hygiene. Elementery/Secondary (0-12) College (1-4 or 5+) Own Homemaker 3rd 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Pages 1 and 2 should be and Mental Barbara Jenkins Ernest Jones 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Steta, Zlp Code) Important of Heelth an Important: If flom 27 is n any injury or other traum Cathy Mondichak, niece 4933 Old Barthlows Road Mt. Airy, Maryland 20e. Method of Disposition 20b. Plece of Disposition (Neme of cematery, cremetory or other plece) 20c. Location - City or Town, Stete 1 № Burlal 2 Cremetion 3 Removel from State Resthaven Memorial Gardens 6/2/97 Frederick, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensia 22. Name end Address of Fecility Stauffer Funeral Homes, P.A. 1621 Opossumtown Pike Frederick, Maryland 21702 cause on each line not enter tha mode of dying, such as cardiac or raspiratory arrest, ter the chesse, or complications to heart failure. List only one cause **Physician** /Medical Immediate Ceuse (Finel disaesa or condition resulting in deeth) 230 Examiner Examiner The law requires that the death certificate be executed physician and the burial-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Disease or Injury that Initiated events resulting in deeth) Last Due to (or es a consequer of P.O. Box 68760, Physician/Medicai Due to (or es a consequança of): Pert II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 2 XNo 1 Yes 3 Probably 4 Unknown ate has been signed page 2 should be de Records, py 24b. Were eutopsy findings available prior to completion of cause of deeth? Be Completed To Center 24e. Wes en eutopsy performed? 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physicism: 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) 1□ Yes 22 No Other: 4 \sum Nursing Homa Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 5 Residance 6 Other (Specify) funeral 27. Mennes of Deeth 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Affer 5 Pending invastigation 1 ANeturel 2 ☐ Accident death. 1 ☐ Yes 2 ☐ No To the Hospital or Attendiwithin 24 hours after death.
To the Funerel Director: A completely filled in by the fo 6 Could not be determined 3 Suicida 28e. Place of Injury - At homa, farm, straet, factory, office building, etc. (Specify) 28f. Location (Straet and Number or Rurel Route Number, City or Town, Stete) 4 - Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

2 Medical Examination On the basis of exeminetion end/or investigation, in my opinion, deeth occurred et the time, dete end plece, end due to the cause(s) and anner stated. Medicai 29a. Certifier 29c. License number 0 26 499 29b. Signatura and title of certific 29d. Date signed (Month, Dey, Yeer)

State Registrar

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31. Dete filed (Month, Dey, Yeer)

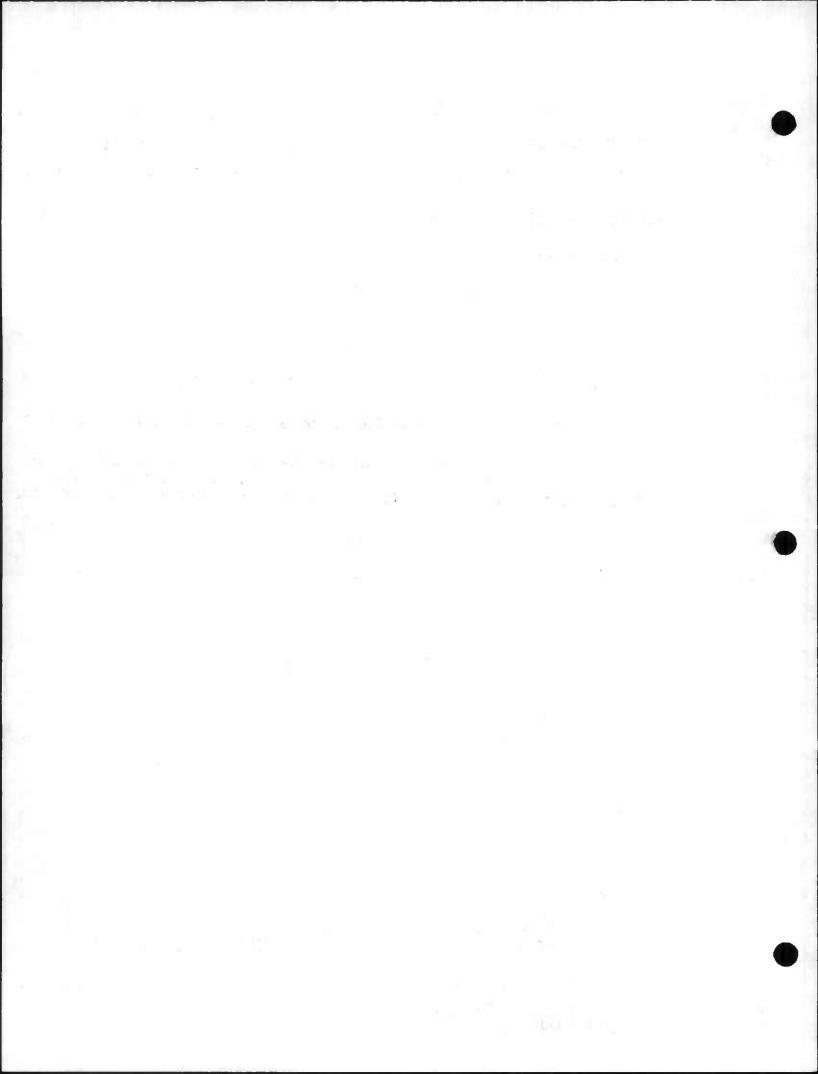
30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print)

32. Registrer's Signature

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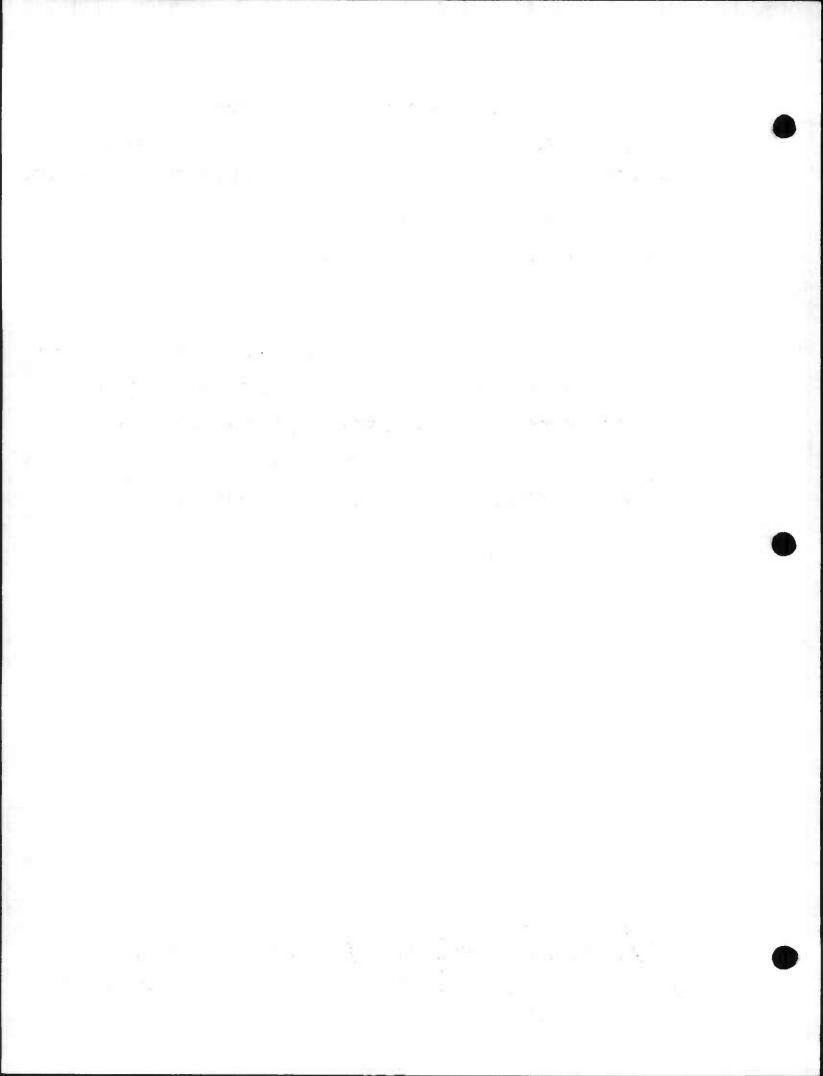
mt Airy, Maryland 21771

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State of Maryland / Department of Health and Mental Hygiene 9 7

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				1007 32. Res	istrar's Signature	P.						



State of Maryland / Department of Health and Mental Hygiene 9286 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death Month **Physician** 1997 June 6, 6:18 PM Helen Louise Pusev /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Salisbury Center: Genesis ElderCare Salisbury, MD Wicomico If Under 1 Yaar If Under 24 Hrs. 8. Date of Birth
Months Daya Hours Min. (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 84 1□M 2×F Yrs 217-09-4139 Director 24-1 SAlisbury me Usual Residence of Decedent with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumetic event, the Medical Examiner must be notified at 1 Yes 2 No Directo Salisbury Wicomico Md. 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 0 permit. Peges 1 and 2 should be filed within 72 hours after death with Department of Health and Mental Hygiene. Important: if item 27 is marked other than "---" any injury or other traument." U.S.A. 1707 East Gate Dr., Apt 306 Zip 21804 234 Funeral 12. Was Decedent Ever in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 Never Married 2 Married White 1 ☐ Yes 2 No þ 3℃ Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) College (1-4or 5+) Clothing Factory Office Manager 17. Father's Name (First, Middla, Last) 18. Mothar's Nama (First, Middle, Meiden Sumeme) Be Minnie Morris Wilmer C. Jones 0 19a. Informant's Name/Relationable (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 3945 Jesterville Rd., Tyaskin, Md. 21865 Willard Leonard Pusey 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Date 15 Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 6/9 Salisbury, Md. Wicomico Mem. Park 21. Signature of Funeral Service Licensee MOO-416 22. Nama and Address of Facility Messick Funeral Home, P.O. Box 61 (zu Bivalve, Maryland 21814 23a. Part1. Enter the disease, or complications that caused the death. Do not antar tha moda of dying, such as cardiac or respirstory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death **Physician** Immediate Cause (Final disaasa or condition resulting in death) /Medical & Breast Concer Complications and **Examiner** Due to (or es a consequenca of): Examiner the bunel-transit The law requires that the death certificate be executed Due to (or as a consequence of) Bnd Sequentially list conditions, if sny, leading to immadiate cause. Enter Underlying Cause (Disease or injury Box 68760. , VID physician Physician/Medicai that initiated events resulting in death) Last Due to (or as a consequenca of) Destanción Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part t. P.O. the 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yes 2 ☐ No 3 Probabty 4 Unknown Ataracts Division of Vital Records, þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed peen has 6 LAUCOMa 250 No 1 ☐ Yes 2 No certificate 1 Yes or Attending Physician: efter death. Director: After this certifica 25. Was case referred to medical exsminer? director. Be 26. Place of Death (Check only one) Hospital: Other: Nursing Home 5 Residenca 6 Other (Specify) Certification: To 1 ☐ Yes 2 X No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3□ DOA 28a. Date of Injury (Month, Day Year) funeral 27. Menner of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending investigation 1 Natural 1 Tyes 2 No 2 Accident the 6 Could not be 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, State) yd ni 4 Homicide To the Hospital or within 24 hours eft To the Funeral Di completely filled in Certifying Physician: To tha best of my knowledge, death occurred at tha time, date and placa, and due to the cause(s) and manner as steted Medical 29a. Cartifier 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and mannar stated. 29b. Signature and title of certifian 29c. License number 29d. Date signed (Month, Day, Year) 48286 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 1104 Healthway Dr., Salisbury, MD 21804 Joan Smith, D.O. 31. Date filed (Month, Dey, Year) 32. Registrar's Signature

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DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Dete of Death 3. Time of Death Day 5 **Physician** MARION PARSONS 1997 FRANKLIN SR. JUNE /Medical 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO If Under 24 Hrs. Hours Min. 5. Social Security Number If Under 1 Year 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Yeer) Birthplace (State or Foreign Country) **Funeral** Davs 1**™** M 2□ F 79 Director 220-32-0704 August 9,1917 Maryland Usuai Residenca of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits event, the Medical Examiner must be notified at Director Maryland Wicomico Salisbury 1 ▼ Yes 2 No 10e. Street end Number 10f. Zlp Code 10g. Citizen of What Country? ò items 23a 818 S. Division Street 21804 USA Funeral Peges 1 and 2 should be filed within 72 hours efter death 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian. Dayes 2 No If Yes, Give National Year or Dates: Guard 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yes 2 No Specify: þ Specify: 3 → Widowed 4 Divorced White Completed 15. Decedent's Education (Specify only highest grede completed) 18a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry other then Elementary/Secondary (0-12) College (1-4or 5+) Hygiene. 11 Mechanic Automotive 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be h and Mental I B. Frank Parsons 2 Eva Taylor 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Department of Health ar important: If item 27 is any injury or other trausmos. Joann williams/Daughter 608 Bowman Dr., Salisbury, MD 21804 20b. Placa of Disposition (Neme of cemetery, cremetery or other place) 20a. Method of Disposition 20c. Location - City or Town, State 2 Cremetion 3 Removal from State 5 DiOther (Specify) Entombment 4 A Donation Wicomico Memorial Park 6/9/97 Salisbury, MD 21. Signature of Funeral Servica Licensee 22. Name end Address of Facility M01051 Holloway Funeral Home 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 501 Snow Hill Rd., Salisbury, MD 21804 Approximate Interval Between Onset end Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) **Examiner** Due to (or as a consequence of) Examiner and Stage COPI physician and the buriel-transit The lew requires that the death certificate be executed Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting In death) Last Due to (or es a consequence of) P.O. Box 68760. Due to (or as e consequence of): Physician/Medical attending for use es signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, by Completed 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy After this certificate hes funeral director, page 2 1 Yes 1 ☐ Yes 2 ☐ No Division of Vital l or Attending Physician: after deeth. Director: After this certifica Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Dey Year) 27. Manner of Death Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending Investigation Natural 1 Yes 2 No 2 Accident In by the 3 Sulcide 6 Could not be determined 28e. Piaca of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 - Homicide pelli 24 hours a Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. To the Hosp within 24 hou To the Funer completely fil edical 29a. Certifier (Check only one) 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner steted. 29b. Signature and title of cartifier 29c. License number 29d. Date signed (Month, Dey, Year) 50614 ne 5, 1997 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 262 Tilghmen Rd Schohun 31. Date filed (Month, Dey, Year) Registrar's Signature State JUN 1 0 1997 Registrar

DHMH 16 Rev 6/95

PARSONS

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State of Maryland / Department of Health and Mental Hygiene 9288 Certificate of Death 1. Decedent's Nsme (First, Middle, Lest) 2. Dete of Deeth 3. Time of Deeth Month **Physician** 25. Lawrence Arthur Peterson 1997 May B:30 AM /Medical 4a. Fscillty Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Frederick Memorial Hospital Frederick
| If Under 24 Hrs. 8.
| Hours | Min. | Frederick If Under 1 Yeer 8. Date of Birth 9. Birthplace (State or Find Month, Day, Year) 0ct.11,1904New Jersey Birthpiece (State or Foreign Country) 5. Sociel Security Number 7. Age (In yrs. lest birthdey) **Funeral** Deys Months 10 M 2□ F 139-09-0898 92 Yrs. **Director** Usuei Residence of Decedent with the Marylend 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at 1 No Yes 2 No Frederick Director Md. Middletown 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 1 Caroline Dr. 21769 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Reca - American Indian, 11. Meritel Stetus Bieck, White, etc. filed within 72 hours efter Hygiene. 1 ☐ Never Married 2 ☐ Merried 1 ☐ Yes 2 No If Yes, Give Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐XNo Specify: Specify: White þ 3℃ Widowed 4 Divorced Yeer or Dates: Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Peges 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If Item 27 is marked other than any Injury or other traumatic event, the Mas trade Elamentary/Secondary (0-12) College (1-4or 5+) 12 union electrician 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surnsme) Be Lawrence Peterson Ida Stram 2 19a. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Lawrence T. Peterson (Son) 1 Caroline Dr., Middletown, Md. 21769 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete XDBurlel 2 Cremetion 3 Removel from Stete 4 Donetion 5 Other (Specify) Jersey Plainfield, New Hillside Cemetery 5/28 21. Signeture of Funerel Service Licensee 22. Name and Address of Facility Donald B. Thompson Funeral Home 31 E. Main St., Middletown, Md. 21769 23e. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hear fellure. List only one cause on each line. Approximete Interval Between Onset and Death Physician Immediate Cause (Finel disease or condition resulting in deeth) /Medical Wentriculas Minutes Examiner Dua to (or as a consequence of): Examiner Di sease ician and buriel-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Causa (Disasse or Injury Due to (or as e consequence of) Box 68760. physician that the death certificate be Physician/Medical thet initieted events resulting in deeth) Last the Due to (or es e consequence of): 88 980 Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. the 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were sutopsy findings available prior to completion of cause of death? 24e. Wes an sutopsy performed? page 2 should Completed peen has 1 Yes 25No 1 ☐ Yes 2 ☐ No Be 25. Was case referred to medical examiner? 28. Piaca of Deeth (Check only one) 1 Yes 2 No Hospital: 1 Impatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 To the Hospital or Attending Phys within 24 hours efter death.

To the Funeral Director: After this completely filled in by the funeral di 28a. Data of Injury (Month, Dey Year) 27. Manner of Daeth 28b. Tima of Injury 28c. Injury at Work? 28d. Describe how Injury occurred Certification: Neturel 5 Pending investigation 1 Yas 2 No 2 Accidant 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicida 29e. Certifier 1 Certifying Phyelcisn: To the best of my knowledge, deeth occurrad et tha tima, data end plece, end due to the ceuse(s) end menner ss ststed. Medical (Check only one) 2 Medical Examinar: On the basis of exemination end/or investigetion, in my opinion, death occurred et the time, dete end place, and due to the cause(s) and menner steted. 29b. Signeture and title of certifier 29c. License number 29d. Date signed Month, Dey, Year) D0051610 (Mite Tolino 30. Name end eddress of person who complated cause of deeth (Item 23a) (Type, Print)

Swite 204

32. Agistre's Signature

Tover

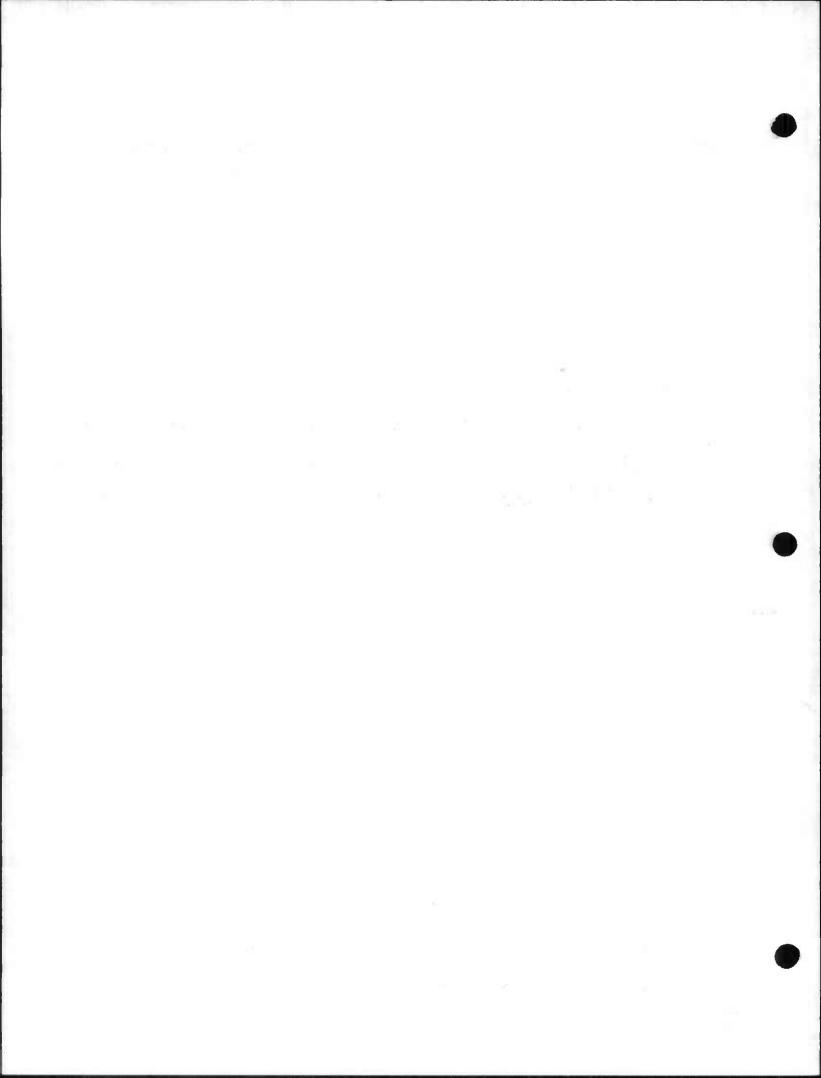
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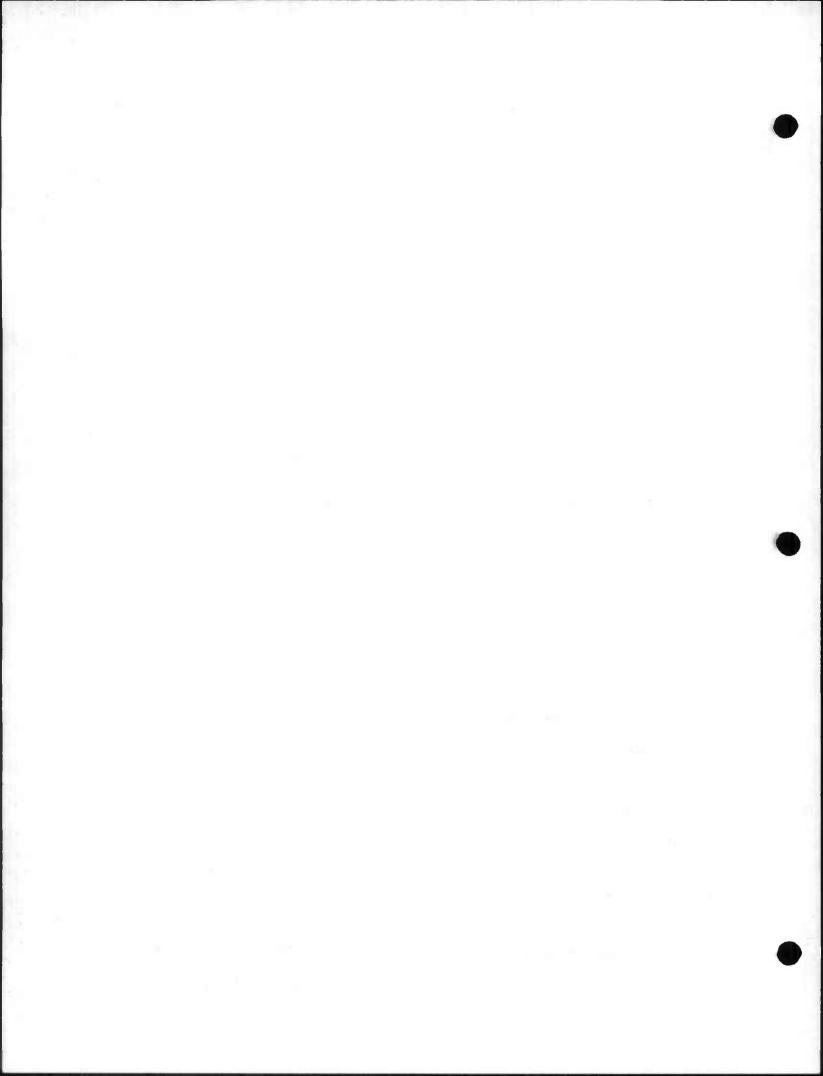
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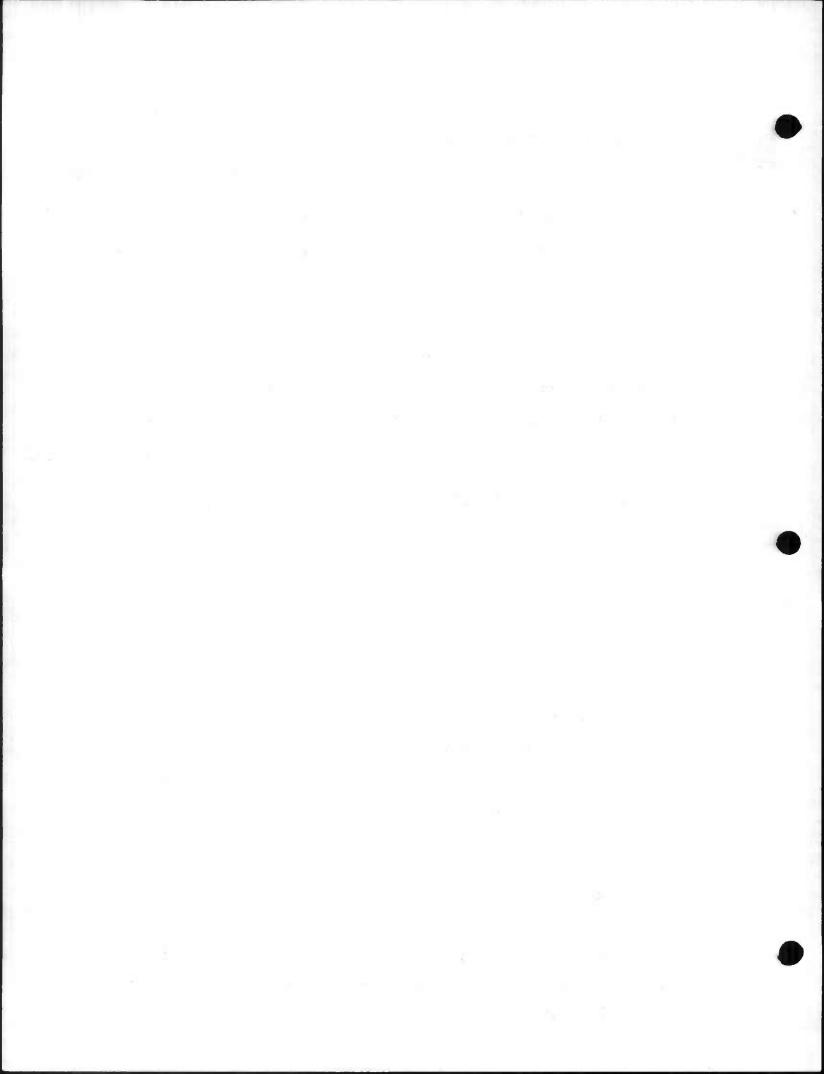
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Maryland 21215-0020			19a. Informent's Neme/Relations	hip (Type, Print)		19b. Mailin	g Address (Stree	t end Number	or Rural Ro	oute Number,	City or Town,	Stata, Zip	Coda)
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Ë	Peg ment ant: h		4 Donation 5 Other (S			Garfield	UM Cemet	erv	5/29	9/97	Smithsl	ourg.	MD
Baltimore,	permit. Peges 1 and 2 Department of Health e Important: If item 27 is eny injury or other tra 90ce.		21. Signature of Fuheral Service	Licencee			. Name end Addre	ess of Fecility	,		D2 011.0.	,	
Ш	82 = 9 9		1 King	(4)			Stauffe P.O. Bo				MD 2	1702	
			23e. Pert1. Enter the disease, or shock, or heart feilure. List	complications that	caused the	death. Do not ente	er the mode of dyl	ng, such es c	erdiec or re	spiretory arre	st,		Approximate Interval Batween
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	spita nours neral / fille		29a. Certifier Certifyin	g Phyelcien: To th	a best of m	y knowledga, daath	occurred at the ti	me, date end	plece, end	due to tha ca	usa(s) and ma	annar as ste	ated.
	e Ho Fu	edicai	(Check only 2 Medical one)	Examiner: On thail	basis of axe	amination end/or inv	estigetion, in my	opinion, daath	occurred e	t the time, de	te end plece,	end due to	the ceuse(s)
	To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funer	Me	29b. Signeture end title of certifie				29c. Licens	se number		29	d. Date signe	d (Month, E	Jey, Year)
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DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

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	/Medid		4a. Facility Name (If not institution, give s				4b. City, Town, or L		5, 199 4c. County		:10 AM
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	Funeral Director		5. Social Security Number 187–09–1803 Usual Residence of Decedent	7. Age (In yrs	V	If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day Feb. 1.	, Year)	9. Birthplace (S Country) Pennsy1	tate or Foreign Vania
	and and		10a. State 10b. County	10c. C	ity, Town or Lo	cation				10d. Insi	ide City Limits
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	th with the 23s or 28s	Funeral Director	10e. Street end Number 608 Wyngate Dri	7e		10f. Zip Code	21701		U.S		
020	be filed within 72 hours efter death with the Manyand stel hygiene. Id other than "naturel", or ftems 23a or 28a-f ehow event, the Medical Examiner must be notified at	b	11. Maritel Status 1 Never Married 2 Married 3 Widowed 4 Divorced	2. Was Decedent Ever in U Armed Forces? 1 ☐ Yes 22 No If Yes, Give Year or Dates:		Vas Decedent of I Yes, specify Cub	lispanic Origin? (Sp en, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)		e - American Indi ck, White, etc. White	
21215-0020	within 72 ho ane. than "natur ne Medical	Completed	15. Decedent's Educ (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4or 5+)	(Give	OO NOT use retire	during most of work		16b. Kind of B	usiness/industry	
0	filed withii Hygiene. other than		17. Father's Name (First, Middle, Last)	4	Admini	strative	18. Mother's Nam				
Maryland	should be filed within and Mentel Hygiene. marked other than imatic event, the M	To Be	Augustus Schm	idt Belz				nna Dih		/	
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	1 end 2 Heelth em 27 i		Anthony Joseph Pap				e Drive,	Т			
	Pa Int:		20a. Method of Disposition 1 □ Burlal 2 □ Cremetion 3 □ R 4 □ Donation 5 □ Other (Specify)	amovel from State	cemetery, crem	sition (Name of latory or other pla Memorial	Gardens			City or Town, Sta	
Ball	permit. Pa Departmen Important: any Injury once.		21. Signatur of Funeral Service License	The state of the s	0021		Basford Church S			ck Md	21701
	Physician /Medical Examiner	Je.	23a. Part1. Enter the disease, or complishock, or heart failure. List only on Immediate Cause (Final disease or condition resulting In death)	Caraha		wen			est,	Interva	ximate al Between and Death
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P.0	requires that the de een signed by the hould be deteched	by Physician/N	Solzuru	Today to doubt but not 19	Southing Wit the Uni	denying cause gi	you in raiti.	1 🗆 Y	- L	3 Probably	
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o	Physician: this certific ral director,	2	1□ Yes 2DNo	ospitat: 12 Impatient 2		3LI DOA		me 5 Resid			
no	the man	tlon:	27. Manner of Death 1- Naturat 5 Pending 2 Accident Investigation	28e. Date of Injury (Month, Day Year)	28b. Time of Injury	28c. Inju	ry at rk? Yes 2 □ No	28d. Describe h	ow Injury occur	red	
Division	of or Attending effer death. I Director: After I by the fune	Certification:	2 Accident 3 Sulcide 4 Homicide	28e. Place of Injury - At h building, etc. (Speci	nome, farm, stre			28f. Location (S City or Tow	treet and Numb n, State)	er or Rural Route	Number,
	To the Hospital or Attandil within 24 hours effer death. To the Funeral Director: A completely filled in by the fo	edical C	29a. Certifier (Check only one) Certifying Phye	clan: To the best of my kno er: On the basis of examina and manner stated.	owledge, death ation and/or Inv	occurred at the timestigation, in my o	me, date and place, ppinion, death occur	and due to the c red at the time, d	ause(s) and ma late end place,	nner as stated. and due to the ca	use(s)
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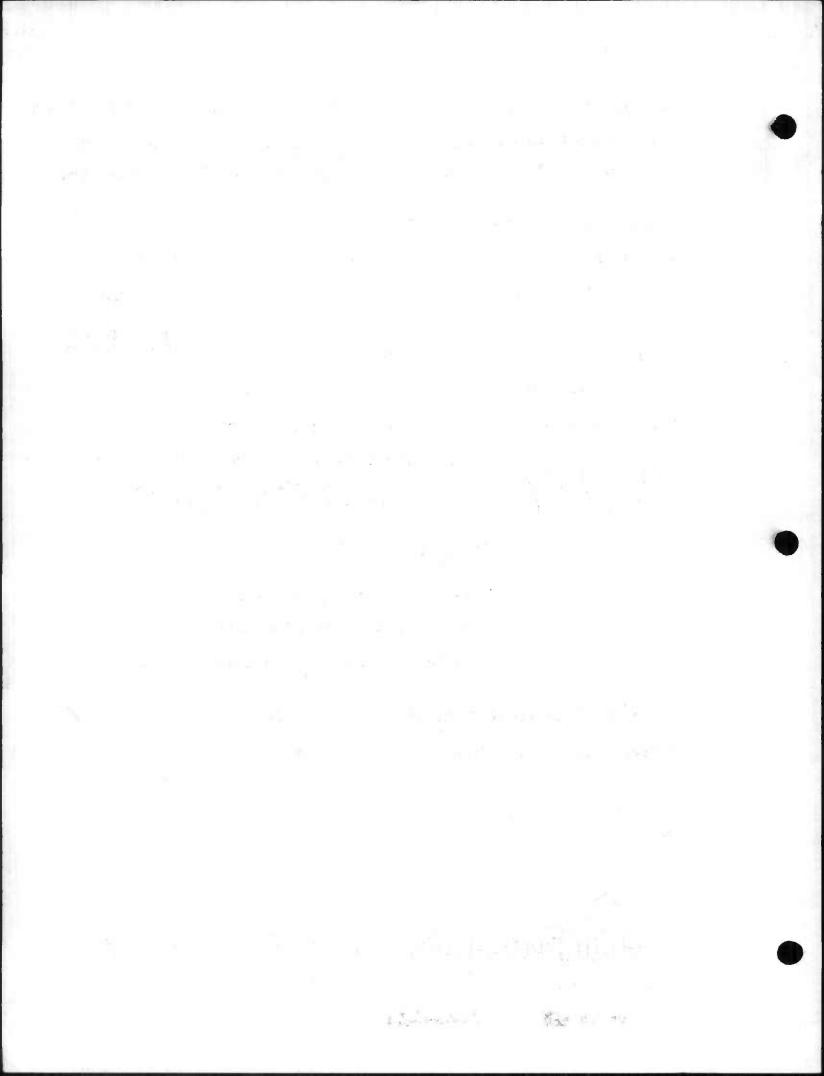
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Neme (First, Middla, Last) 2. Date of Deeth **Physician** Anthony Joseph Pantaleoni June /Medical 4a. Fecliity Nema (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deatl **Examiner** Prince George's Hospital Center Prince George's Cheverly 8. Date of Birth (Month, Pay, Year) Nov 26, 1924 Pennsylvania If Undar 1 Year 5. Social Security Number If Undar 24 Hrs. Birthplaca (State or Foreign Country) 7. Aga (In yrs. last birthday) **Funeral** Days Months Hours 12 M 2□ F 72 190-14-6392 Director Usual Residence of Decedant the Menylend 10a State 10c. City, Town or Location 10b. County permit. Pages 1 and 2 should be filed within 72 hours elter deeth with the Menylen Department of Health and Mental Hygiene. Important: If Item 27 is marked other then "natural", or Items 23a or 28a-f show any Injury or other traumatic event, Ite Medical Examine must be notified at any Injury or other traumatic event, Ite Medical Examine must be notified at 10d. Insida City Limits 1 ☑ Yes 2 ☐ No Directo Prince George's Greenbelt Maryland 10e. Street and Numbar 10f. Zip Code 10g. Citizan of What Country? 2B Northway 20770 U.S.A Funeral 12. Wes Dacedent Ever In U,S. Armed Forcas? Was Decedant of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puarto Rican, etc.) 11. Marital Status 14. Rece - American Indian, Biack, Whita, etc. 1 ∑Yas 2 ☐ No If Yas, Giva Yaar or Dates: 1 Nevar Married 2 Marriad Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☒ No White by Specify: WWII 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Washington Suburban Elemantery/Secondary (0-12) College (1-4or 5+) Sanitation Commission 12 Inspector 17. Fether's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Franklin Pantaleoni 20 Mary Viti 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Streat and Number or Rural Route Number, City or Town, State, Zip Code) Monica Pantaleoni - Spouse 2B Northway, Greenbelt, MD 20770 20b. Piaca of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Data 1 ☑ Buriai 2 ☐ Cremetion 3 ☐ Ramovei from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Fort Lincoln Cemetery 6/7/97 Brentwood, Maryland 21. Signatura of Funerai Service Lognae 22. Name end Address of Fecility Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue, Hyattsville MD 20781 23a. Pert1. Entaithe disease, or compilications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or haer feilure. List only one ceuse on each line. Approximata Intarval Batween Onset and Death **Physician** Immediata Causa (Final disease or condition rasulting in daeth) /Medical Examiner Jua to (or as a consequence of) Examiner physicien end s the buriel-transit Sequantielly list conditions, if any, leading to immadiata cause. Enter Undarlying Ceuse (Diseasa or injury that initiated avents rasulting in daeth) Last Division of Vital Records, P.O. Box 68760. Physician/Medical signed by the etta d be datached for Part II. Other eignificant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably Unknown þ 24a. Was en autopsy performed? 24b. Wara autopsy findings availabla prior to complation of causa of death? Completed peed has 1 ☐ Yas 1 ☐ Yas 2 ☐ No certificate Be 25. Was casa raferred to medical axaminar? 26. Placa of Death (Check only one) Hospital: Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 1 Yas 2 No To Inpatiant 2 ER/Outpetient 3 DOA Aftar this funeral 28e. Deta of Injury (Month, Day Year) 27. Mennar of Death 28c. Injury et Work? 28b. Tima of 28d. Dascribe how Injury occurred Certification: To the Hospital or Attending within 24 hours after death.

To the Funeral Director: After 1 Natural 2 Accidant 5 Panding 1 ☐ Yes 2 ☐ No invastigation the Could not be determined 3 Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Piaca of Injury - At homa, farm, straat, factory, offica building, atc. (Spacify) pletaly filled in by 4 Homicida edical Cartifying Physician: To tha best of my knowledge, deeth occurred at tha tima, data and placa, and dua to tha cause(s) and mannar es steted.

Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(s) and mannar stated. 29a. Certifie 29b. Signati 29c. License number 29d. Data signed (Month, Day, Year) 30. Nema end addrass of person who complated causa of deeth (Itam 23a) (Type, Print) Haluk B. Boneval Landover Rd, Cheverly MD 20785

State Registrar

31. Deta filad (Month, Day, Year) 32. Ragistrar's Signatura JUN 09 199



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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death FREDERICK REEL **Physician** 199 /Medical 4a. Facility Name (If not institution, give street and number, 4b. City. Town, or Location of Death 4c. County of Death **Examiner** SHADY GROVE AWENTIST HOSPITAL ial Security Number 8. Sex 7. Age (In yrs. last birthday) ROCKVILLE M In Under 24 Hrs. 8. Dete of Birth Hours Min (Month, Day, Year) March 3,1932 MONTGOMERY If Under 1 Yeer 9. Birthplace (State or Foreign Country) West Virginia **Funeral** Months Days 1₩ 2□ F Yrs 214-28-9524 65 Director Usuai Residence of Decedent permit. Pages 1 end 2 should be filed within 72 hours effer death with the Meryland Depertment of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or items 22 any injury or other traums** 10e. State 10b. County 10c. City, Town or Location 10d. inside City Limits MD Frederick Knoxville 1 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2141 Reed Road 21758 U.S.A. Funerai Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bieck, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? 11. Marital Status 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 ☐ Yes 2 ☑ No þ Specify: White 3 ☐ Widowed 4 ☐ Divorcad Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 years Applied Physics Lab. Photographer 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Be George Frederick Reel Mabel Engle 2 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Sharon R. Reel (Wife) 2141 Reed Rd. Knoxville, MD 21758 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) 6/2/97 Rest Haven Cemetery Hagerstown, MD 22. Neme end Address of Facility ROBERT E. DAILEY & SON FUNERAL HOMES, P.A. 1201 N. MARKET ST. FREDERICK, MD the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximete intervel Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Examiner or Attending Physician: The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Diseese or Injury that Initiated events resulting In death) Lest Box 68760. ettending physician for use as the buria Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. signed by t 1 Yas 2□ No 3 Probably 4 Unknown Completed by 24b. Were autopsy findings aveilable prior to 24a. Was an autopsy performed? peed completion of cause of death? 2 PNo 1 ☐ Yes 2 ☐ No certificate Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes Certification: To 2 No 1 Denpatient 3□ DOA 2 ER/Outpatient this 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28b. Time of 28d. Describe how Injury occurred 28c. injury at Work? After 1 Weturel 5 Pending within 24 hours after death. To the Funeral Director: A investigation 1 ☐ Yes 2 ☐ No 2 Accident Could not be determined 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide Hospital 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and manner as steted. Medical 2 Madical Examinar: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. ş 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 29c. License number MU address of person who completed ceuse of death (Item 23a) (Type, Print) 225 STHOOL GROVE 32 Registrar's Signature 31. Date filed (Month, Day, Year) State Registrar

DHMH 16 Ray 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9295 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Daniel Lindsey ROGERS 1997 10:25 P.M. June 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Frederick Frederick Frederick Health Care Center 8. Dete of Birth (Month, Dey, Yeer) If Undar 24 Hrs. Hours Min. 5. Social Security Number If Undar 1 Yaar 9. Birthplece (State or Foreign Country) 7. Aga (In yrs. last birthday) Deys Months 70 498-22-9294 April 17, 1927 Missouri Usual Residance of Decedent 10e. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Derwood Maryland Montgomery 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20855 U.S.A. 17557 Wheat Fall Drive 12. Wes Decedent Ever In U,S. Armed Forces? 1 X Yes 2 □ No If Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien. Black, Whita, atc. 1 Never Merried 2 Married 1 ☐ Yes 2 🛣 No Specify: White 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) U.S. Government Aeronautical Engineer 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Fether's Neme (First, Middle, Last) Emma DIXON C. ROGERS Daniel 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 900 Chestnut Street, Frederick, MD 21703 Daniel L. Rogers, Jr., Son 20b. Plece of Disposition (Neme of cemetery, crametory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☐ Buriel 2 X Cramation 3 ☐ Ramoval from Stata Smithsburg Crematory, June 5,1997 Smithsburg, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Fecility Keeney & Basford P.A. Funeral Home 21. Signature of Funeral Service Licenses MO0703 106 East Church Street, Frederick, MD 21701 ed the death. Do not enter the mode of dylng, such es cardiac or respiretory errest, line. 23a. Pert1. Enter the disease, or complications that a shock, or heart feilure. List only one cause on Approximete Intervel Between Onsat and Deeth Immediate Cause (Final disease or condition resulting in death) RONCHOGENIC CARCINDMA W nont Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or es e consequence of): Dua to (or as a consequance of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Were eutopsy findings evelleble prior to complation of causa of deeth? 24e. Wes en eutopsy 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one)

Physician /Medical Examiner

The law requires that the death certificate be executed

Box 68760.

P.O.

Division of Vital Records,

or Attending Physician:

Physician

/Medical

Examiner

Funeral

Director

ral', or items 23a or 28a-f show Examiner inset be notified at

permit. Pages 1 and 2 should be filed within 72 hours after of Department of Health end Mental Hygiene. Important: if them 27 is marked other than "natural", or then any Injury or other traumatic avent, the Mental France

Baltimore, Maryland 21215-0020

Director

Funeral

þ

Completed

Be

Physician/Medical Examiner Certification: To

attending physician and for use as the burial-transit certificate has been signed by irector, page 2 should be detac funeral To the Hospital or Attending within 24 hours effer death.

To the Funersi Director: Afte completely filled in by the fun

þ Completed Be

1 ☐ Yes 2 No 27. Menner of Deeth 1 Naturel
2 Accident

3 ☐ Sulcide 4 Homicide

29a. Certifier (Check only one)

29b. Signeture end title of certifier

5 Pending investigation

6 Could not be determined

28e. Deta of Injury (Month, Dey Year) 28b. Time of Injury

1 Yas 2 No 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

1 ☐ Inpatiant 2 ☐ ER/Outpetient 3 ☐ DOA

Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner es stated.

Medical Exeminer: On the basis of exeminetion end/or investigation, in my opinion, death occurred et the time, date end place, end due to the cause(s) and menner steted. 29c. License number

28c. Injury et Work?

29d. Date signed (Month, Dey, Year)

28f. Location (Streat and Number or Rural Route Number, City or Town, Stefe)

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

28d. Describe how injury occurred

D21944

June 5, 1997

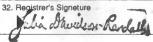
30. Neme end eddress of person who completed cause of deeth (Item 23a) (Type, Print)

Hospitel:

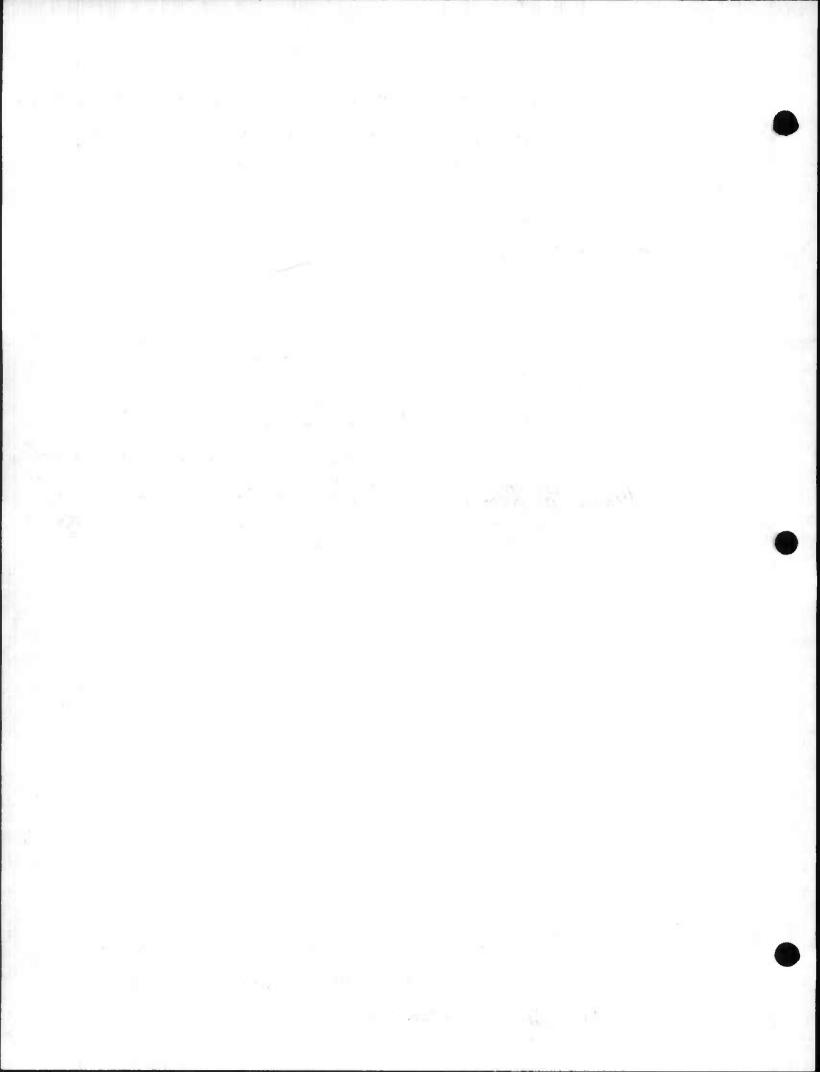
Dr. James S. Grissom, M.D., 300 West Ninth Street, Frederick, MD 21701 31. Dete filed (Month, Day, Year)

State Registrar

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			Please	State of Ma		d / Depa		Health and I	Mental Hy	giene 9	7 19296
	Physic /Medi			awrence	Rudy		imouto or		2. Date of De Month June	3, 199	Year 7 P. M.
_	Examii Funeral	ner	4a. Facility Name (If not institution, given Frederick he 5. Social Security Number 6. S	althcare Sex 7. Ag		nter ast birthday)	If Under 1 Yaar		ick	Fred	ot Death erick 9. Birthplaca (Stata or Foraign Country)
	Director		218-05-9770 Usual Residence of Decedent	M 2□F	89	Yrs.	Months Days	Hours Min.	Dec.3	1907	Md.
	the Marylan 28a-f show notived at	tor	Md. Freder	ick	10c. City	, Town or Lo	cation Idletow	n			10d. inside City Limits 1 ☐ Yes 2 ☐ No
	h with the 3a or 28a st be not	Funeral Director	10e. Street and Number 3113 Old Nat	ional Pi	ke	<u> </u>	10f. Zip Code	769		10g. Citizen of W	That Country?
020	i within 72 hours after death with the Maryla liene. than "natural", or items 23a or 28a-1 show the Medical Examiner must be notified all	by	11. Marital Status 1 □ Navar Married 2 □ Married 3 □ Widowed 4 □ Divorced	12. Was Decedant Armed Forces? 1 Yas If Yes, Give Yaar or Dates:		16	Vas Decedent of Yes, specify Cul	Hispanic Origin? (Span, Mexican, Puart	pecify Yes or No o Rican, etc.)		- Amarican Indian, k, White, etc. White
21215-0020	filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or items 23a or 28a-f show ent, the Medical Examiner must be notified at	Completed	15. Decedent's E (Specify only highast gra Elementary/Secondary (0-12)		i+)	(Giva lifa. L	ent's Usuai Occu kind of work done OO NOT usa ratin CUCK dr	during most of world)	king	16b. Kind of Bu	supply
Maryland	s 1 and 2 should be filed with Health and Mental Hygiene. tem 27 la marked other than other traumatic event, ma M	To Be C	17. Father's Name (First, Middla, Last, Lawrence F.	Rudy					Remsbu	Maldan Sumami 1rg	a)
2	T SES		19a. intormant's Name/Relationship (Fred W. Rudy (00, 0	101 E	Broad S	t., Mid	dletowr	n, Md.	21769
altimore,	00-		20a. Method of Disposition 1 Strain 2 □ Cramation 3 □ 4 □ Donation 5 □ Other (Specification)	y)	CE	matary, cren	sition (Nama of patory or other pla 1 Cemet		Date 6/6		town, Md.
Ball	permit. Pag Department Important: I any Injury o		21. Signature of Funeral Service Bids	LOX		Do		ess of Facility Thomps in St.,			
	Physician /Medical Examiner		23a. Part1. Enter the disease, or com shock, or heart tailure. List only immediate Cause (Final diseasa or condition resulting in death)	0				ing, such as cardiac	or raspiratory as	rrast,	Approximate interval Batween Onsat and Death 2 days 10 years.
.09	be executed siclan and bunal-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	b. Atyhe	Due to (or	as a conseq	uence of):				10 years.
BOX 68/6	the death certificate be y the attending physical Iched for use es the bu	n/Medical	Cause (Disease or injury that initiated events resulting in death) Last	d	Dua to (or	as a consequ	uence of):				
s, P.O. B	that the death ned by the atte detached for	by Physician/Medi	Part II. Other significant conditions o	ontributing to death bu	ut not resu	iting in the ur	derlying cause g	iven in Part i.			tribute to the cause of death? 3 Probably 4 Unknown
(ecords	The law requires that ste has been signed b page 2 should be deta	Completed b	g		0. 2				24a. Was perio	an autopsy rmed?	24b. Were autopsy findings available prior to completion of cause of death?
of Vital Record	clan: sertifica ector,	Be	25. Was case reterred to medical examiner?	Hospital:			0	28. Place of Dea		na)	1 Yes 2 No
	ting After une	ation: To	1 Yes 2 No 27. Manner of Death 1 Privatural 5 Pending 2 Accident investigation	28a. Date of Injui (Month, Da)	y	ER/Outpatien 28b. Time of injury	28c. inju	4LI Nuistig II		dence 6 □Otha now injury occurre	
Division	af or Attendi 's after death. Il Director: A ed in by the fu	Certification:	3 Suicide 8 Could not b 4 Homicide determined	28e. Place of injubuilding, etc	ury - At ho	me, farm, stre	eet, tactory, office		28t. Location (S City or Tox	Street and Number vn, Stata)	er or Rural Routa Number,
	To the Hospital or / within 24 hours after To the Funeral Director Completely filled in the comp	edical	29a. Certifier (Check only one)	ysictan: To the best on niner: On the basis of and manner sta	examinati	vledge, death ion and/or inv	occurred at the t estigation, in my	ime, date and place opinion, death occu	, and due to the rred at tha tima,	cause(s) and mai date and place, a	nner as stated. nd due to the cause(s)
	To the To the To the Complete	M	29b. Signature and title of certifier Mulaul 5.	Rudmai	a, m	2		se number / 7/06			(Month, Day, Year)
			30. Name and address of person who Michael S. Rue	completed cause of de	eath (Item	23a) (Type, I		1, MD 2	21769.		

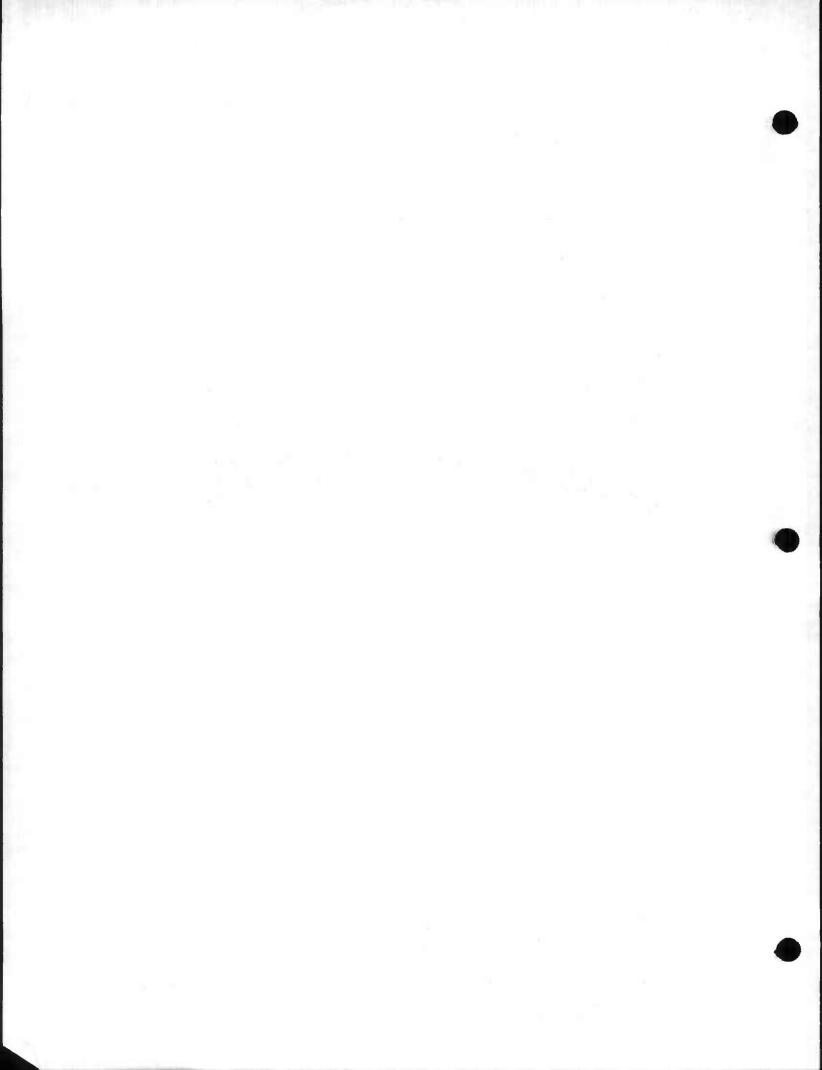
State Registrar 31. Date filed (Month, Day, Yaar)
JUN 0 9 1997

32. Registrar's gignature

DONALD E

		Please Type	or Print in Bla	ck Indelible	Ink. Assure	All Copies A	Are L	egible.	
NALD E.RE	NNER, SR.	State	e of Maryland /	Departmen	t of Health and	Mental Hygi	ene	97	19297
Items:23a par	t I.27.28a-f	per MEO G-749	7/1/97 dh	Certificate	e of Death	Re	g. No.	21	12631
	Decedent's Neme (Fin	st, Middle, Last)	W-W-			2. Dete of Deeth			3. Time of Deeth
Physician /Medical	DONALD	EUGENE	RENNER,	SR.		JUNE	03	1997	7:55 AM
Examiner 46	. Fecility Neme (If not i	institution, give street an	d number)		4b. City, Town, o	r Location of Death	4c. C	ounty of Deeth	

Physic /Med		DONALD EUGEN		ENNER,	SR					JUNE		99	3. Time of Deeth 7:55 AM
Exami		4e. Fecility Neme (If not institution, give 8129-B STEVENS					4	THUR	MON	cation of Deatl Γ	4c. County FREDE		
Funeral Director		5. Social Security Number 6. Security S	OM OFF	ge (In yrs. last bi	irthday) Yrs.	If Under 1 Months	Yeer Deys	If Under 2 Hours	Min.	8. Date of Bir (Month, De SEPT •]	th y, Year) 18, 1960	9. Birth	plece (Stete or Foreign ntry) RYLAND
filed within 72 hours after death with the Maryland Hygiene. Hydrer than "natural", or items 23e or 28e-1 show ont, the Madrial Exerciser insert be notified at	ctor	10e. Stete 10b. County MARYLAND FREDERIC	CK	10c. City, Tov		cation							10d. inside City Limits 1 ☐ Yes 2 ☐ Xio
ith th	Director	10e. Street and Number				10f. Zip C	ode				10g. Citizen of V	Vhet Cou	ntry?
ath w		8129 STEVENS RD.					1788				USA		
be filed within 72 hours after death with the Manylan ital Hygiene. Id other than "natural", or items 23e or 28e-f show event, me Madrial Experies man be notified at	by Funeral	11. Maritel Status 1 Never Merried 2 Married 3 Widowed 4 Wiorcad	12. Wes Decedent Armed Forces? 1 ☐ Yes 2 ☒ If Yes, Give Year or Dates:			Yas Deceder Yes, specify			in? (Spe Puerto f	cify Yes or No Rican, etc.)	Specify	k, White,	
72 ho	ted	15. Decedent's Edu (Specify only highest gred	ucation	166	Deced	ent's Usuel (kind of work OO NOT use	Occupe	etion	of working		16b. Kind of Bu		
ed within ygiene.	Completed	Elementery/Secondary (0-12)	College (1-4or !	5+)	LABO		retired				LANDS		NG
d la b	Be	17. Fether's Neme (First, Middle, Last)								(First, Middle,	Melden Sumem		
s 1 and 2 should be filed f Heelth end Mental Hygid tem 27 Is marked other other treumatic event, II	To	KENNETH L. F		SR.	h Mante	a Adda '	Circa	ANI		M.		ACHY	
end 2 significant and 27 is r		KENNETH L. RENNER,									er, City or Town, MD 217		J Code/
s 1 end f Heelth tem 27 other tr		20a. Method of Disposition	OK. (IA.	20b. Plece	of Dispos	sition (Neme	of		LIII	Dete	20c. Location -		own, Stete
Peges nent of I int: If the iry or o		MyBurial 2 ☐ Cremetion 3 ☐ F 4 ☐ Donation 5 ☐ Other (Specify)		RESTHA		MEMOI			6	/11/97	FREDERI	CK	MD
permit. Peges 1 er Depertment of Hee Important: If Item 2 any Injury or other once.		21. Signeture of Funerel Service Linear	et	1120	RO	Name and BERT I	Addres	s of Facility	7 & 5	SON FUN	NERAL HO	MES,	
		33 FmT. Enter the diseese, or comp shock, or heart feilure. List only o	licetions thet caused	d the deeth. Do								1	Approximete Intervel Between
eath certificate be executed attending physician end for use as the buriel-transit	cian/Medical Examiner	Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest	b	Due to (or es e	consequ	uenca of):							
the d	Physicia	Pert II. Other significent conditione co	ntributing to death b	out not resulting (In the un	derlying cau	se give	en in Part I.	Ħ				o the cause of death?
icien: The lew requires that the dicentificate has been signed by the rector, pege 2 should be deteched	Completed by I									24e. Was	en eutopsy med?	97	ere eutopsy findings reilable prior to impletion of cause deeth?
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Physician: The rthis certificate and director, peg	Be	25. Wes case referred to medical examiner?	La andra f				Tax		of Deeth	(Check only o	one)		
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or Attending Peter death. I Director: After to in by the funers	Certification:	1 Naturel 5 Pending investigation 3 Suicide 6 Could not be	28a. Date of Inju (Month, De 6/5/97	4 AI		М		? (es 2)()(N	lo v	rictim of	how injury occurr f house fi	re	- Communication
vital or Attending Physurs efter death. orsi Director: After this illed in by the funeral di		4 Homicide determined	28e. Placa of Injuding, etc.						1	City or Ton hurmont,	wn, State) 8129 MD.	-B St	evens Rd.,
To the Hospital within 24 hours e To the Funers! Completely filled	edicai	29a. Certifler Che Company Madical Exami	ner: On the basis of and menner sta	f exemination er	e, deeth nd/or inv	occurred et estigation, In	the tim	e, dete end inion, deetl	pleca, e n occurre	nd due to the d et the time,	cause(s) and me dete end pleca,	nner as s end due t	stated. o the cause(s)
To the Hospital within 24 hours e To the Funers! I completely filled	Me	29b. Signature and title of certifier	tosto	and				number M.E.			29d. Dete signed		
St. Regist	ate	30. Name and address of person who could be seen address of person who could be seen a seen and seen address of person who could be seen address of person who could be seen address of person who could be seen address of person who could be seen address of person who could be seen address of person who could be seen address of person who could be seen address of person who could be seen address of person who could be seen address of person who could be seen address of person who could be seen address of person who could be seen address of person who could be seen address of person who could be seen address of person who could be seen address of person who could be seen address of person who could be seen address of person address of person who could be seen address of person a	EE MD			Ctro	et,	Bal	timo	ore, M	Marylan	d 2	1201
negist	Tar	2014 T 9 132	11	- NOWWOON	and a	461							



State of Maryland / Department of Certificate		
Roach	2. Data of Daath Month Dey Yaar June 10, 1997 2:20 pm	
a street and number)	4b. City. Town, or Location of Death 4c. County of Death	-

Physical /Media Examl

Funeral Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiane. Important: If Item 27 Is marked other than "natural", or Items 23a or 28a-f show any Injury or other traumatic event, the Medical Examination nutitled at once.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

To the Hospital or Attending Physician: The law requires thet the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and complately filled in by the funeral director, page 2 should be detached for use as the burial-transit

Division of Vital Records, P.O. Box 68760, State

1. Decedant's Nama (First, Middla, Last)					2	. Data of Daat Month	h Dey	Vaar	3. Tima of Deeth
Susan Mignonette	Roach					June 10		Yaar	2:20 pm
4a. Facility Nama (If not institution, giva	street and numbar)			4b. City, Town	, or Loca	tion of Death	4c. County	of Death	
Sacred Heart Home				Hyatts		e	Princ	e Ge	orge's
219-34-9106	7. Aga (In y	rrs. last birthday) 2 Yrs.	Months Days		Min.	Data of Birth (Month, Dey, Oct. 20	Year) 1904	Cou	placa (Stata or Foreign intry) yland
Usual Residence of Dacadant 10a. State 10b. County	10c.	City, Town or Loc	ation						10d. Inside City Limits
									1 1 Yas 2 □ No
Maryland Prince Ge	orge s C	ollege P	10f. Zip Coda				Og. Citizan of	After Cour	
9511 48th Avenue			20740					WHAT COU	mitry ?
	12. Was Decedant Evar in	11 13 W	as Decedant of	Hispanic Orlain	2 (Specif		J.S.A.	e - Amer	Ican Indian.
1 Never Marriad 2 Married	Armed Forcas? 1 ☐ Yas 2 🔯 No		Yas, specify Cul	ban, Maxican, P	uarto Ric	can, atc.)		ck, Whita	
3 X Widowed 4 □ Divorcad	If Yas, Giva Yaar or Datas:		□Yas 2፟ÑNo				Specif	****	ite
15. Decedant's Educ (Specify only highast grade	cation complated)	(Giva k	ant's Usual Occu ind of work done O NOT usa retin	during most of	working		16b. Kind of B	usinass/Ir	ndustry
Elamantary/Secondary (0-12)	College (1-4or 5+)			90)			0 11-		
17. Fathar's Name (First, Middla, Last)		Homem	akei	18. Mother's	Nama //	First, Middle, N	Own Ho		
17. Fathar's Name (First, Middla, Last) Ford Bean				Rowena					
19a. Informant's Name/Ralationship (Type	pe, Print)	19b. Mallino	Addrass (Strae	1			City or Town	State 7	n Code)
Jane M. Mack - Nie			48th Ave						,
20a. Mathod of Disposition		. Place of Dispos	Ition (Nama of				20c. Location		
1 X Burial 2 ☐ Cramation 3 ☐ Radion 4 ☐ Donation 5 ☐ Other (Specify)		camatary, crem		· ·	be	110 /07			
21. Signatura of Funaral Sarvica Licensa			Nama and Addr		No/	13/9/	oliver	Spri	ng, Marylan
CO 0.++	1 01	/ F:	rancis (Gasch's	Sons	s Funer	al Hom	e, P	.A.
23a. Part1. Entar tha disaasa, or complic shock, or heert failura. List only on	or. Had some differ of	4	739 Balt	imore A	lven	ue, Hya	ttsvil	le,	MD 20781 Approximata
Immediata Causa (Final disaasa or condition rasulting in daath) a	Acute	myoca	rdial iv					1	Intarval Batween Onsat and Death
	Dua to	(or ea e consequ	ence of):						
_ b								1	
Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying	Dua to	(or as a consaqu	ance of):						
cause. Entar Undarlying Causa (Diseasa or Injury that initiated avants									
rasulting in death) Last	Dua to	(or as a consaqua	anca of):					1	
d									
Part II. Other eignificant conditions cont	ributing to death but not r	asulting in tha und	darlying causa g	ivan in Part I.					to the cause of death?
Chronic obstructi	re Juhmona	stile pr	are			1 🗆 Ye	2 No	3 □ Pro	bably 4 Unknown
	1	/				24a. Was ar	eutopsy	24b. W	era eutopsy findings
Semile dement	4					perform	ned?	/ X	vailable prior to emplation of causa
									death?
25. Wes casa raferred to medical						1 ☐ Ya		1	☐ Yas 2☐ No
axaminer?	ospital:	C 50/0-1-1	-C Ot	her:		Check only one			
27. Mannar of Deeth	1 Inpatiant 2 28a. Data of Injury (Month, Day Year)	☐ ER/Outpatlent 28b. Tima of	3□ DOA 28c. Iniu		-	5 Reside			fy)
1 ■ Neturel 5 □ Pending 2 □ Accident Invastigation	(Month, Day Year)	Injury	28c. Inju Wo	ork?]Yes 2 □ No			,,		
3 Sulcida 6 Could not be	28a. Placa of Injury - At	homa, farm, strae			28f	Location (Str	aat and Numb	er or Run	al Routa Number,
4 Homicide	building, etc. (Spa	cify)				City or Town	Stata)		
Causa (Diseasa or Injury that initiated avants resulting in death) Last Part II. Other eignificant conditions cont Chronic obstruction Semila (Lement) 25. Wes case referred to medical examiner? 1 Yes 2	clan: To the best of my k er: On the basis of axemi and manner stated.	nowledga, death on nation and/or Inva	occurred at the ti stigetion, in my	ima, data and pl opinion, death o	ace, and	dua to the ca at tha tima, da	use(s) and me ta and placa,	nnar as s and dua t	statad. o tha causa(s)
29b. Signature analytitla of certifies	1)	29c. Lican	sa number		29	d. Date signe	d (Month	Day, Year)
Justin !!!	1/2			2780)		1-/11/	42	
30 Alomo and addition				-/00			9/11/	//	
	npleted causa of death (It			. D.,	11.	20 0	1	37	1 0077
Peter M. Schissler 31. Data filed (Month, Day, Year)	32. Registrar's Sig		ay cente	EL DEIVE	: 114.	ou, Gre	enbert	, Ma	ryland 20770

Kalia Standear Rardall

DHMH 16 Rev 6/95

Registrar

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month **Physician** -ORENZO 30 Mm JUNE /Medical 4a. Fecility Neme (If not Institution, give street end number 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner ChINTON MARYLAND HOSPITAL PRINCE DUTHERN GEORGES | If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth | Months | Deys | Hours | Min. | Feb. 28, 1 7. Age (In yrs. lest birthdey) 5. Sociel Security Number Birthplece (State or Foreign Country) **Funeral** 10M 20 F Feb. 372-24-3642 69 Yrs. 1928 Michigan Director Usual Residence of Decedent Pages 1 and 2 should be filed within 72 hours after death with the Maryland nent of Health and Mental Hyglene.
Int: If them 27 is marked other than "natural", or hema 23a or 28a-f show Jry or other traumatic event, the Medical Examinar must be notified at 10a. Stete 10b. Count 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☐ No Director Maryland Prince George's Fort Washington 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 7902 Prentice Court 20744 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ ☐No if Yes, Give Yeer or Detes: 14. Rece - American Indien, Bleck, White, etc. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritel Stetus 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 specify:Black 1 ☐ Yes 2 ☐ No Specify: þ 3 XWidowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) 4+ Self-Employed Writing/Consulting 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Be Lorenzo E. Reid Helen Gaines 19e. tnforment's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Stuart Reid/Son 7 Colonial Place, New Rochelle, N. Y.10801 20b. Plece of Disposition (Neme of carnetery, cremetory or other plece) 20e. Method of Disposition Date 20c. Location - City or Town, Stete 1 ☐ Burial 2 Cremetion 3 ☐ Removel from Stete permit. Page Department of Important: If any Injury or once. 6/12/97 Metropolitan Crematory 4 ☐ Donetion 5 ☐ Other (Specify) Alexandria, Va. Funeral Service Licenses 22. Neme end Address of Fecility George P. Kalas Funeral Home all 23a. Pert / Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one cause on each line. Md.20745 Approximeta Interval Between Onset end Death **Physician** /Medicai Immediate Cause (Final diseese or condition resulting in deeth) Examiner Examiner physician and the buriel-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaese or Injury that initiated events resulting in deeth) Lest Division of Vital Records, P.O. Box 68760, Physician/Medical 80 attending p signed by the a Pert It. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? 3 Probably 4 Unknown 1 □ Yee 2 □ No by 24b. Were autopsy findings aveilable prior to completion of cause of death? Completed 24a. Wes an autopsy performed? peeu page 2 1 Yes A No certificate 1 Yas 2 No Hospital or Attending Physician:
 24 hours after death.
 Funeral Director: After this certifica 25. Wes case referred to medical Be 28. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA funeral 28a. Dete of Injury (Month, Day Year) 27. Menner of Deeth Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1. Neturel 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) filled in by 4 Homicide Certifying Phyetcian: To the best of my knowledge, deeth occurred at the time, dete end pleca, end due to the cause(s) end manner as steled.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, dete and pleca, and due to the cause(s) end menner stated. 29e, Certifier Medical completely To the To the To the 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 45365 10 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) Michael SiDazous. 11701 CNINGSTON RD FT. WASHWAND MD 20744 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture State gets dudier JUN 12 199 Registrar

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Data of Death Month June **Physician** 1997 5:55 AM Benedicta Rozario /Medical 4e. Facility Name (If not institution, give straat and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Doctor's Community Hospital Prince George's Lanham If Under 1 Year | If Under 24 Hrs. 8. Data of Birth (Month, Day, 5. Social Security Number 9. Birthplaca (State or Foraign Country) Bangladesh 7. Aga (In yrs. last birthday) 1□ M 201F Months 69 Yrs. 215-25-5316 May 9, Usuei Rasidance of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 X Yas 2 □ No Director Maryland Prince George's Hyattsville 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 4210 74th Avenue 20784 Bangladesh Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ሺ No If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Maxican, Puerto Rican, atc.) 14. Race - Amarican Indian, Bleck, Whita, atc. 11. Maritai Status 1 Navar Merried 2 Married 1 ☐ Yas 2 ☒ No Specify: þ Specify: 3 X Widowed 4 Divorced Asian Completed 15. Decedant's Education (Specify only highast grada complated) Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Eiamantary/Secondery (0-12) Coilege (1-4or 5+) Housewife Own Home 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Surneme) Bolai Cruze Maria Purification 19a. Informant's Neme/Raiationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, Steta, Zip Coda) Himu M. Rozario - Son 4210 74th Avenue, Hyattsville, Maryland 20784 20e. Mathod of Disposition 20b. Place of Disposition (Nama of cemetery, crematory or other place) 20c. Location - City or Town, Stata 1 ☑ Buriai 2 ☐ Cramation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Othar (Specify) Resurrection Cemetery 06/09/97 Clinton, Maryland 21. Signatura of Funerel Sarvice Licansee 22. Nama and Address of Fed Francis Gasch's Sons Funeral Home, P.A. 23a. Part1. Entar tha disaasa, or complications that causad the daeth. Do not antar tha mode of dying, such es cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 4739 Baltimore Avenue, Hyattsville, MD 20781 Metastatic Carcinoid tumor with immediate Causa (Finat disaasa or condition rasulting in daeth) Due to (or es a consequenca of) Metasteses 3 months Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaase or Injury that Initiated events rasulting in daath) Last Dua to (or as a consequence of) Physician/Medical Due to (or as a consequence of) Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? bertension 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to complation of cause of daath? Completed 24a. Was an autopsy performed? 1 Yas 2 No Be 25. Was casa rafarrad to medicat axaminar? 26. Piaca of Daath (Check only ona) 1 Yas 2 No Hospital: 1 Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Residence 6 Othar (Specify) Certification: To 27. Magnar of Death 28a. Dete of Injury (Month, Day Year) 28d. Dascribe how injury occurred 28b. Time of 28c. Injury at Work? 1 Naturai 2 Accidant 5 Panding invastigation 1 ☐ Yas 2 ☐ No 6 Could not be detarmined 3 Suicida

the deeth certificete be executed and physician as the bunal-Box 68760 Records, P.O. signed by t Division of Vital Hospital or Attending Physician:
 24 hours after death.
 Funeral Director: After this certifical eleby filled in by the funeral director.

Funeral

Director

7 is marked other than "natural", or items 23s or 28s-f shov traumatic event, the Medical Examiner must be notified at

Maryland 21215-0020

Baltimore,

2 should be 9 and Mental 9

Pages tent of t

Department of Health and Important: If Item 27 is m any injury or other traum

Physician

/Medicai

Examiner

To the within 2 To the

State Registrar 4 Homicida

29a. Certifier (Check only one)

29b. Signature

Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the ceusa(s) and manner as stated.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, dete and piece, and due to the cause(s) end manner stated.

29c. Licansa numbar

29d. Date signad (Month, Day, Yaar) June 6th, 1997

28f. Location (Street and Number or Rural Route Number, City or Town, Stata)

30. Nama and address of person who completed cause of death (Item 23e) (Typa, Print)

Sajzer Anand Hanover Parkway Greenbelt, Md. 20770. 31. Deta filad (Month, Day, Year)

JUN 09 1991

28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify)

State of Maryland / Department of Health and Mental Hygiene 97 19301

					Certifica	ite oi	f Death		Reg. No.	1	19301
		1. Decedant's Nama (First, Middla, La	st)					2. Data of Da	ath	ALC:	3. Tima of Death
Physic /Modi		LEIGHTON	ROBI	NSON				June	Day 1 O	Yaar 1997	6:50 pm
/Medi Examir		4a. Facility Nama (If not institution, giv		1,001,			4b. City, Town, or L				J.J. PIII
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Funeral		5. Social Security Number 6. S	Sax 7. Aga	(In yrs. last birt		ar 1 Yaa	r If Undar 24 Hrs.	8. Data of Bir	th		ace (Stata or Foreign
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or 2	Director	10e. Street and Number			10f. Z	ip Coda			10g. Citizan of		try?
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de de de	Funeral	11. Marital Status	12. Was Decedant Ev Armed Forcas?	ar in U,S.	13. Was Dec	edent of	Hispanic Origin? (Sp ban, Maxican, Puarto	ecify Yas or No)- 14. Rac	e - Amarica	
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d 2 should be filed within 72 hours af th end Mental Hygiene. '7 is marked other than "natural', or traumatic event, the Medical Exam	Completed	15. Decedant's Ed	ducation	16a.	Decedant's Us	ual Occi	upation		16b. Kind of B	usinass/Ind	lustry
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	TOE	Otha Robinson					Mary E	lizabet	th Manu	e1	
S D E E		19a. Informant's Name/Ralationship (Type, Print)	19b.	Mailing Addra	ss (Stree	et and Number or Rui	ral Routa Numb	er, City or Town,	Stata, Zip	Coda)
Health or sem 27 is sem 27 is other trace		Lynda Robinson/D	aughter	15	22 7th	Str	eet, Glena	rden. N	Maryland	2070	06
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permit. Pages 1 ar Department of Hea Important: If itam 3 any lojury or other once.		Nancy A.	Percente		J.B.	Je	nkins Fu	neral	Home		
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for eath	Physician/	Part II. Other significant conditions or	ontributing to death but	not rasulting in	the underlying	causa g	given in Part I.	23b. Did	tobacco usa co	ntributs to	the cause of death?
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To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the fune	edical C	29a, Certifier (Check only one) 1	yelclan: To the best of a hiner: On the basis of a and manner state	xamination and	daath occurre /or invastigation	d at tha i	tima, data and piaca, opinion, daath occur	and dua to tha red at tha time,	causa(s) and me data and place,	annar as sto and dua to	atad. tha cause(s)
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Pages 1 and 2 should be nent of Health end Mentai

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Department of Important: If any Injury or

Physician /Medical

Examiner

altimore, Maryland 21215-0020

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Dacedent's Name (First, Middle, Last) 2. Data of Daeth 3. Time of Deeth Day 1997 Month **Physician** 29, Frances Shankle 4:40 PM Maru May /Medical 4a. Fecility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Route 15 s/b Fish Hatchery Road Thurmont Frederick If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) 5. Sociel Sacurity Number 7. Aga (In yrs. last birthday) Birthpiaca (State or Foreign Country) 1 □ M 2 X F Months Yrs. 214-10-5963 78 July 21, 1918 Maryland Usuel Rasidanca of Dacadent 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limita 1 ☐ Yes 2 ☐ No Director Maryland Frederick Frederick 10e. Street and Numbar 10f. Zip Code 10g. Citizan of What Country? 8531 Rocky Springs Road 21701 United States Funeral 12. Was Decedent Evar in U,S. Armad Forcas? 1 ☐ Yes 2 ☑ No If Yas, Giva Was Dacedant of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, White, atc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yas 2 ☒ No Specify: À Specify: 3 Ø Widowed 4 □ Divorced white Yaar or Datas Completed 16a. Decedant's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) Collaga (1-4or 5+) 12 IPN Health-Care 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Sumame) Be 2 Clide S. Abrecht, Sr. Wilmoth I. Adams 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rurel Route Number, City or Town, State, Zip Code) Frederick, MD 21703 / daughter Sandra Lenhart 4608 Mocking Bird Lane 20a. Mathod of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other placa) Dete 20c. Location - City or Town, Stete 1 Burial 2 □ Cramation 3 □ Ramovat from State 4 ☐ Donation 5 ☐ Othar (Specify) Olivet Cemetery 6/2/97 Frederick. Maryland 21. Signature of Funeral Service License 22. Name and Address of Facility Staubler Funeral Homes, P.A. 1621 Opossumtown Pike, Frederick, 21702 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiec or respiretory errest, shock, or heart fallure. List only one cause on each line. Approximete Intarvai Batwean Onsat and Death Immadiata Cause (Final Multiple Traumatic Injuries disaase or condition rasulting in death) Immed Dua to (or es a consaquanca of): Examiner Sequantielly list conditions, if any, laading to immediata causa. Entar Undarlying Cause (Disaasa or Injury that initiated evants rasulting in daath) Last Dua to (or as e consequance of): Physician/Medical Dua to (or es e consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 XNo 3 Probably 4 Unknown þ 24b. Ware autopsy findings eveilable prior to complation of causa of death? Completed 24a. Was en eutopsy performed? 1 Yas 2 No 1 ☐ Yes 2 ☐ No Be 25. Was casa referred to madical 26. Placa of Death (Check only one) Other: 4 Nursing Homa 5 Residence 6 NOther (Specify) Roadway Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 2 1XYas 2□ No 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Time of Injury May 29,1997 3:58p Certification: 28d. Dascribe how injury occurred 28c. Injury at Work? 5 Panding Invastigation 1 Natural Passender involved in MVA 1 Yes 2 XNo 2 X Accidant 6 ☐ Could not be datarmined 3 Sulcida 28f. Location (Street and Number or Rural Route Number, City or Town, State) Rt 15 G Fish 28a. Place of tnjury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homicida Highway Hatchery Road, Thurmont, MD edical 29a. Cartifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the causa(s) and mannar as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and mannar stated. (Check only onel 29b. Signature and titla of certifian 29c. Licansa number 29d. Data signed (Month, Dev. Year) D35164

May 30, 1997

The law requires that the deeth certificate be executed burial-trer P.O. Box 68760. use es the ó signed by Division of Vital Records, should be page 2 certificate hes Physicien: .col or An.
.cours effer death.
.eal Director: After th.
... by the funeral dir To the Hospital of within 24 hours of To the Funeral D

> 31. Data filad (Month, Day, Year) JUN 0 2 1997

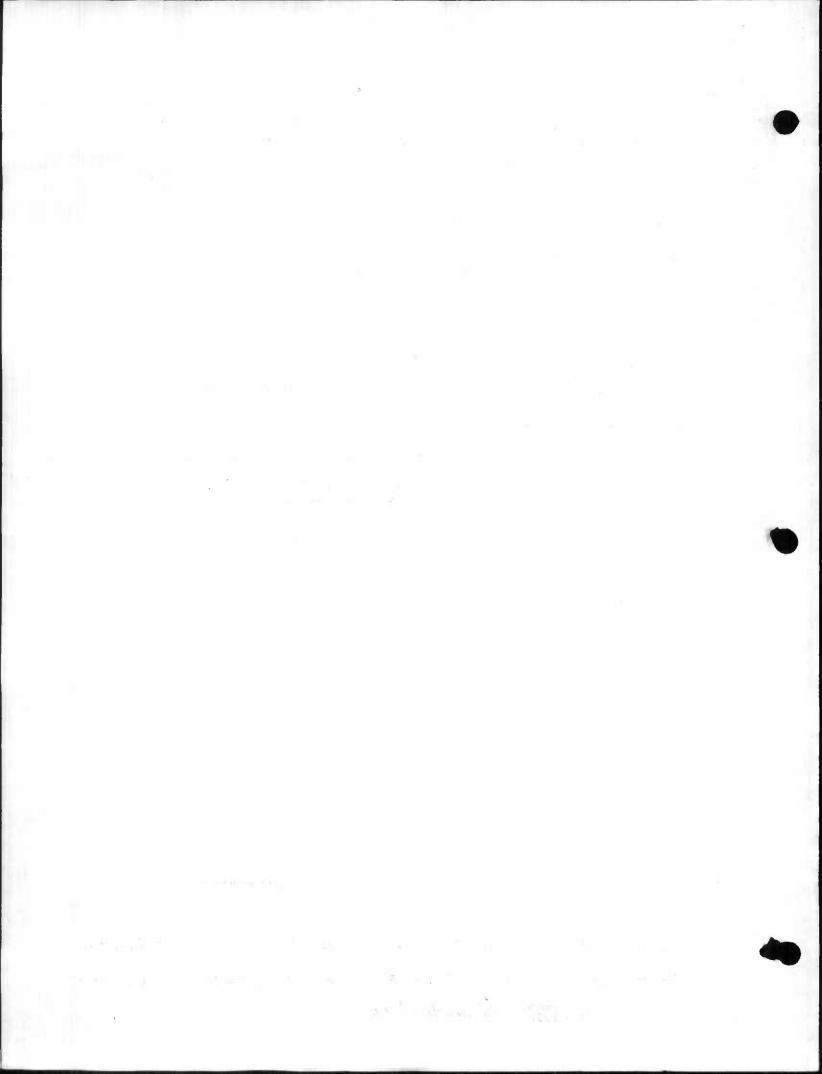
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30. Nama and address of person who complated cause of death (frem 23a) (Type, Print)

Andrew Zarick, Jr, M.D., 1080 West Patrick Street, Frederick, Maryland 21703 32. Ragistrar's Signatura

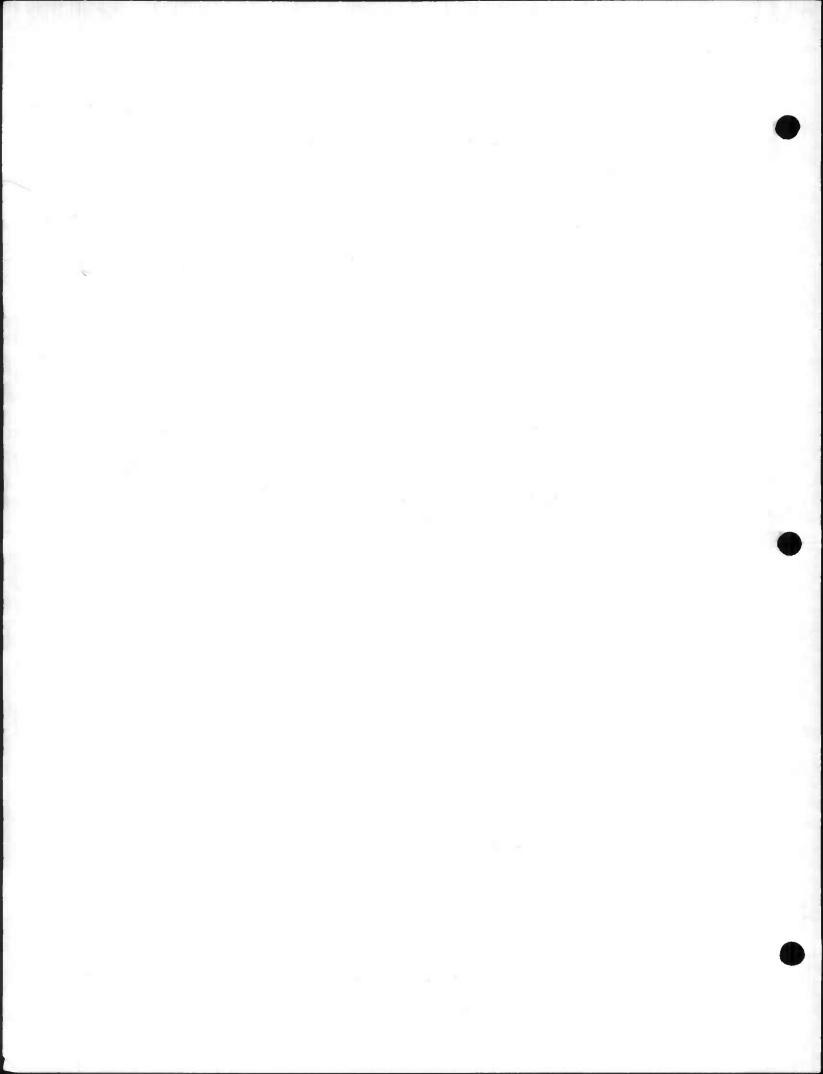
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Registrar



State of Maryland / Department of Health and Mental Hygiene 97 19303

Physicia Physicia					Ce	ertificate d	n Dealli		Reg. No.		
/Medic		1. Decedent's Neme (First, Midd David	Harrison		ands,	1		2. Date Mor MAY		Year 1997	3. Time of Death 8:00 PM
Examin	er	4e. Facility Name (If not instituted WASHINGTON			AL			own, or Location of RSTOWN	12	nty of Death	ON
uneral rector		5. Social Security Number 218-56-8060	6. Sex 1 M 2 □ F	7. Age (In yrs		If Under 1 Ye Months Da		Min. (Moi	of Birth oth, Day, Year) ch 4,1950		olece (State or Foreign htry) 25566
ried at	tor	Usual Residence of Decedent 10a. State 10b. County Maryland Wash	ington		ity, Town or L						0d. Inside City Limits
or 28	Director	10e. Street end Number	Ü			10f. Zip Cod	e		10g. Citizen	of What Cour	ntry?
"natural", or flams 23a or 28a-f show edical Examiner must be notified at	Funeral	14510 Old Cator 11. Maritel Status 1 Never Married 2 Mar	12. Wes De Armed F	cedent Ever in I Forces? 2 No Give	J,S. 13.		of Hispanic Or Juben, Mexice	igin? (Specify Ye n, Puerto Rican, e	s or No- etc.) 14. F	d Stat lace - Americ llack, White,	en Indian, etc.
Iral,	d by	3 ☐ Widowed 4 ☐ Divorced	d Year or	Dates:		1□Yes 2⊠I			Spe	cify: Wi	nite
	Completed	15. Deceder (Specify only higher Elementery/Secondary (0-12)	nt's Education est grade completed College	(1-4or 5+)	(Giv	edent's Usual Oc e kind of work do DO NOT use re	ne during mos tired)	t of working	16b. Kind of	Business/In	dustry
	S	9 17. Father's Name (First, Middle,	(ast)		Equip	ment Ope		er's Name /First	City o		hersburg
5 5	To Be	John H. Sands							Fortenber		
00 20		19a. Informent's Name/Relation	ship (Type, Print)		19b. Mail	ing Address (Str	eet and Numb	er or Rural Route	Number, City or Tox	vn, State, Zip	Code)
Item 2		Leslee A. Sands 20e. Method of Disposition 1 X Burial 2 Cremation	3 □Removal from	20b. n State	Place of Disp cemetery, cre	osition (Name of ematory or other	place)	sville,	Maryland 20c. Locatio	21773 n - City or To	
Important: If It any injury or o once.		4 Donation 5 Other (5		St.	S	s Cemet 2.Name and Ad tauffer	dress of Facili Funera	1 Home	97 Freder		aryland
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	edicai Exar	Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Diseese or injury that initieted events resulting in death) Last	с		or as a conse						
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the etter	Physician	Part II. Other algnificant condition	ons contributing to	death but not re	sulting in the	underlying cause	given in Part	1. 23	b. Did tobacco use	contributa te	the cause of death
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	o Be	25. Wes cese referred to medica examiner? 1 ★ Yes 2 □ No	Hospital-		Tenn		Other:	of Death (Check			
5 3	-	27. Menner of Death	28a. Dete	e of Injury	28b. Time	IN SU DOA	4 ⊔ Nu njury at Nork?		☐ Residence 6 ☐ 0 scribe how injury occ		y)
Director: After the in by the funeral	Certification:	3 ☐ Suicide 6 ☐ Could	not be	nth, Day Year) 26-97 se of Injury - At I	5.00		☐ Yes 2 🗹		etion (Street and Nu	11	
el Dire	Certi	4 Homicide	build	ding, etc. (Spec	dua			City	or Town, State)		
To the Funeral Direct completely filled in by	edicai	29e. Certifier (Check only one)	Examiner: On the l	e best of my knobesis of examination of examination of examination of the state of	owledge, dee etion end/or in	th occurred at the envestigation, in m	e time, date an y opinion, des	d pleca, end due th occurred at the	to the cause(s) and e time, dete end pled	manner as s e, end due to	tated. the cause(s)
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comp			7/ 11			0.	C.M.E	•		11200	1.
comp		30. Name and address of person	who completed cau			, Print)			e, Maryl		



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Dete of Death **Physician** Month 1997 1:45 P.M. June E. SULLIVAN, SR. /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 10814 Powell Road Thurmont Frederick 5. Social Sacurity Number If Under 1 Year if Undar 24 Hrs. Birthpiaca (State or Foreign Country)
 Ohio 7. Aga (In yrs. last birthday) **Funeral** 1 X M 2□ F Days Hours Yrs. 189-38-9877 49 Director Usual Residence of Decedent the Maryland 10a State 10b County 10c. City, Town or Location ns 23a or 28a-f show must be notified at 10d. Inside City Limits 1 ☐ Yes X No Director Maryland Frederick Thurmont 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 10814 Powell Road 21788 Funeral United States death 12. Was Dacedent Ever in U.S. Armed Forcas? 1 ½ Yes 2 □ No If Yes, Give Year or Dates: 1967-89 items it Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - American Indian, Black, Whita, etc. traumatic event, the Medical Examiner filed within 72 hours after 1 Never Married 2 Married 21215-0020 6 by 1 ☐ Yes 2 X No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorcad 'natural', Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry I Hygiane. Elementery/Secondery (0-12) Coitege (1-4or 5+) +4 Medical Logistician Government Pagas 1 and 2 should be filed nant of Haalth and Mantal Hygis int: If Nem 27 is marked other Saltimore, Maryland 17. Fathar's Nama (First, Middla, Last) 18. Mother's Name (First, Middle, Malden Surnama) Be John Edward Sullivan Helen Symborski 19a. informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Clara Vargas Sullivan, wife 10814 Powell Road Thurmont, Maryland 21788 other 20a. Method of Disposition 20b. Place of Disposition (Name of cematary, crematory or other place) 20c. Location - City or Town, State Date 1 Deuriai 2 Cremation 3 Ramovai from State 4 Donation 5 Other (Spacify) = 8 Department of important: If any injury or price. Arlington National Cemeter 12/97 Arlington, Virginia 21. Signature of Funeral Service Ligensee 22. Name and Address of Facility Stauffer Funeral Homes, P.A. 1621 Opossumtown Pike Frederick, MD 23a Part | Enter the disease or complications that obused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or head failure. List only one cause on each line. Physician Immediate Cause (Final disease or condition resulting in death) /Medicai METASTATIC NON-STALL CELL LUNG CANCER Examiner Due to (or as a consequenca of): The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequenca of): P.O. Box 68760, physician Physician/Medicai tha Due to (or as a consequence of) been signed by the attanding should be dateched for use as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contributs to the cause of death? 125 yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ Completed 24b. Were autopsy findings available prior to completion of causa of deeth? 24a. Was an autopsy performed? cartificata 1 Yes 1 Yes 2 No or Attending Physician: Be (25. Was case referred to medical 26. Place of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No 10 Other: 4 ☐ Nursing Home 5 Residence 6 ☐ Other (Specify) this filled in by the funeral 27. Menner of Death 28a. Date of Injury (Month, Dey Year) Certification: 28b. Time of 28d. Describe how Injury occurred Aftar t 28c. tnjury et Work? 5 Pending invastigation 1r⊠Natural 2 ☐ Accident deeth. 1 ☐ Yes 2 ☐ No within 24 hours after deet To the Funeral Director: completely filled in by tha 6 Could not be determined 3 Suicide Place of Injury - At home, farm, street, factory, office building, atc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide Hospital Medical 29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, date and piace, end due to the cause(s) and manner es stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, end due to the cause(s) and manner stated. To the 29b. Signature and title of certifies 29c. License number 29d. Date signed (Month, Day, Year) D31761 30. Neme and address of person who completed cause of death (Item 23a) (Type, Print)

501 W, SEVENTH ST. PREDERICK MO

DHMH 16 Bev 6/95

State

Registrar

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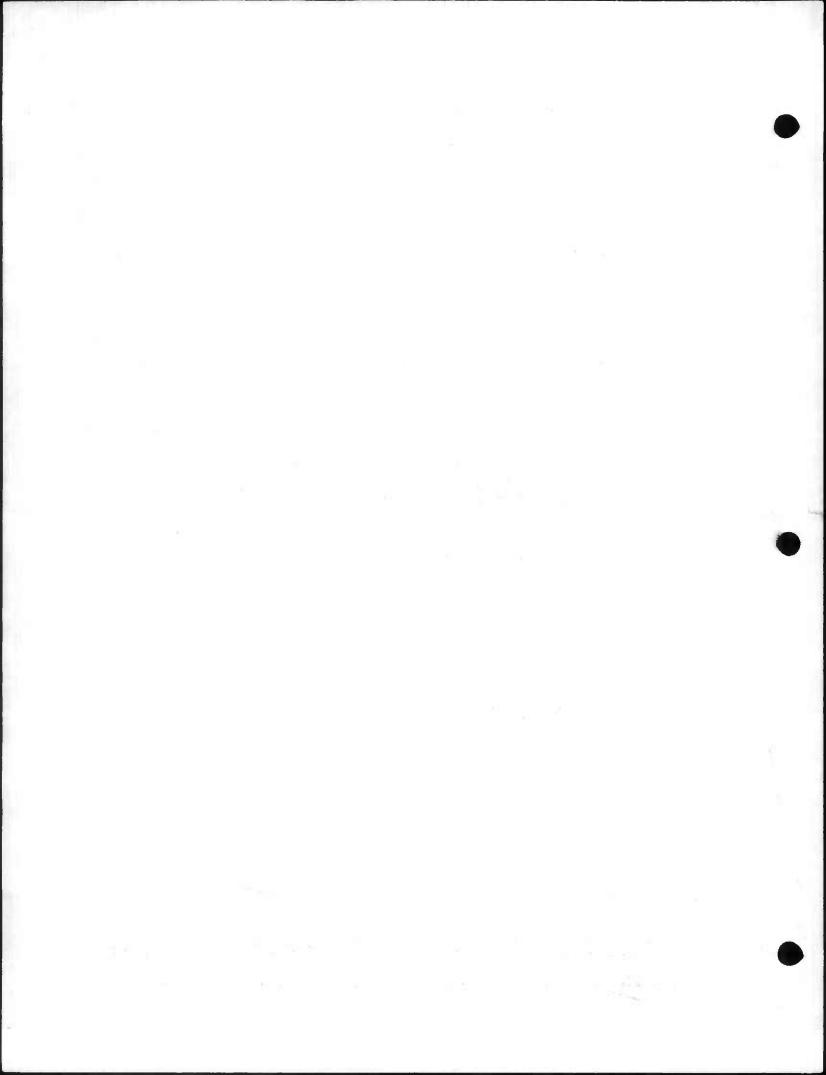
31. Date filed (Month, Day, Year)

State of Maryland / Department of Health and Mental Hygiene 0 7

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ahov ahov	_	MD Frederi		10c. City, Town					10d. inside	
is 1 and 2 should be filed within 72 hours after death with the Maryland of Health and Mental Hygiene. If Health and Mental Hygiene. It is marked other than "natural", or items 23s or 28s-4 show other traumatic event, the Modical Examinst must be notified at	Funeral Director	MD Frederi	.CK	Freder	1CK				XL Ye	s 2 No
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is m		19a. Informant's Name/Raiationship (T)					or Rural Route Numb	-		
Health em 27 other tr			ughter	40	4 Fairv	iew Ave	. Freder	ick, M	D 21701	
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Department of Health mportant: If item 27 any injury or other to once.		21. Signature of Funeral Service Licegs				Addrass of Facility	7//	OWII OI	Marine, N	1
Department important: I any injury o		111100	- /		Hilto	n Funer	al Home			
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ysician					1/ -	,	, /		Onsat and	J Death
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gned by the attendir be detached for use	SIC	Pert ii. Other significant conditions cor	tributing to death but	not resulting in t	ha undarlying cau	sa givan in Part i.	23b. Dld	tobacco uss cor	tributs to the causi	of death?
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page 2	d d								of death?	
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s certific director,	Be	25. Was casa rafarred to medical axaminar?				26. Piaca o	of Death (Check only	ona)		
0 0	2	1 Yas 2 No	łospital: 1 ☐ Inpatient	2 ☐ ER/Outp	atient 3 DOA	Other: 4 Nurs	ing Home 5 Resi	dence 8 Oth	er (Specify)	
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- Age	읥	1 ☑ Naturei 5 ☐ Panding 2 ☐ Accident invastigation	(Month, Day	Year) inj	M	1 Yas 2 No	0			
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era!		20a Capitias 4 Department	taber Testes bearing							
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State of Maryland / Department of Health and Mental Hygiene 97 19306

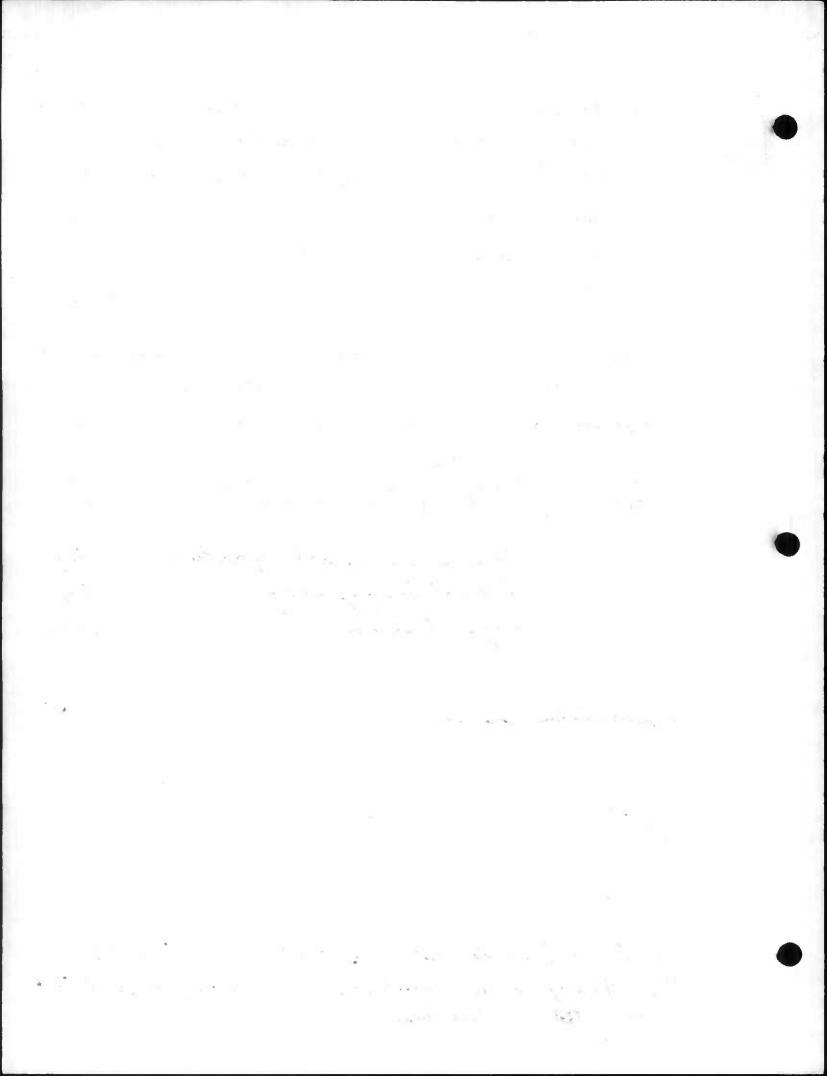
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Baltimore, Maryland 21215-0020	/land		10e. Stete 10b. County 10c. City, Town or Locat				cation			1	0d. Inside City Limits	
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	S D E E		19e. informent's Neme/Relationship (Typ	oe, Print)	198	. Meiling Address (Stree	t end Number or Rur	al Route Number,	City or Town,	Stete, Zip	Godel	
	1 and 2 Health a lem 27 is		BRENDA G. SUMME	ERS		00 WEST AI			REDER			
	iges 1 and of Healt if Rem 2 or other		20e. Method of Disposition 1X Burial 2 ☐ Cremation 3 ☐ Re		20b. Plece of	f Disposition (Neme of ry, cremetory or other ple			Oc. Location -			
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	permit. Pa Depertmen Important: any injury once.		21. Signeture of Funerel Service Licansee 22. Name end Address of Fecility 21701									
	20529		GARY L. ROLLINS FUNERAL HOME MD 23a. Part 1. Enter the dispese, or complications that caused the death. Do not enter the mobe to trying, such as carofactor expiratory area. FREDERICK roximate interval Between									
vivision of Vital Records, P.O. Box 68760,	Physician /Medical Examiner physician and sthe privil-Iransit	Examiner	Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying		Due to (or es e	Consequence of):	.l Infag	ction		-		
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	To the Hospital or Attending Ph within 24 hours effer death. To the Funeral Director: After th completely filled in by the funeral	edicai	29a. Certifier (Check only one) Certifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the cause(s) end menner as steted. Check only one) Control of the best of my knowledge, death occurred et the time, dete end plece, end due to the cause(s) end manner stated.									
		M	29b. Signeture end title of certifier	0 4		29c. Licen			d. Dete signed	d (Month,	Dey, Yeer)	
			7- 9- 9	D-4	D-47679			6/5/97				
			30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Francis G Gvilla G401 Stream Valle holy I always the 2005 2									
	Sta	ite	31. Dete filed (Month, Day, Year)	32. Registre	r's Signeture							
	Registr	ar	JUN 1 8 1997	Jana a	Tavelson-1	Cardally						



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3 Terror of Death Day 1997 **Physician** JUNE 9, 1:45PM FRED SPEIGHT /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner PRINCE GEORGE'S PRINCE GEORGE'S HOSPITAL CHEVERLY if Under 1 Yeer If Under 24 Hrs. 8. Date of Birth
Hours Min. (Month, Day, Year) 5. Social Security Number Birthplace (State or Foreign Country) 7. Age (In yrs. last birthday) **Funeral** Montha Days XXM 2□ F Yrs 238-46-8696 Director DEC.19,1928 WILSON, NC 68 Usual Residence of Decedent with the Marylend 10b. County 10c. City, Town or Location 10d Inside City Limits tem 27 is marked other than "natural", or items 28s or 28s-4 show other traumstic event, the Medical Examiner must be notified at NOMes 2□ No Director MARYLAND PRINCE GEORGE'S BLADENSBURG 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code 20710 USA 5628 EMERSON STREET death 12. Was Decedent Ever in U,S. Armed Forces? 11. Merital Status Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Reca - American Indian, Black. White, etc. 2 should be filed within 72 hours after end Mental Hygiene. Is marked other than "natural", or its 1 ☐ Yes 2 X No If Yes, Give Year or Dates: 1 Never Married Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: BLACK Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) PRIVATE INDUSTRY 8th PAINTER 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) FRED SPEIGHT MARY BOLDEN 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Peges 1 and 2 sh Depertment of Health end Important: If Itam 27 Is m any Injury or other traum once. LUCILLE SPEIGHT/ WIFE 5628 EMERSON STREET BLADENSBURG, MD20710 20b. Place of Disposition (Name of cemetery, crematory or other placa) 20a. Method of Disposition 20c. Location - City or Town, State Date 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removal from State GOLDSBORO CREMATORY 6-16-97 GOLDSBORO, NC 4 Donation 5 Other (Specify) 22. Name and Address of Facility MARSHALL'S FUNERAL HOME 4308 MD SUITLAND RD. SUITLAND, MD 20746 ath. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between Onset and Death Physician /Medical Immediete Cause (Final disease or condition resulting in death) Examiner Examiner physician and the burial-transit certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury Box 68760. Physician/Medical that initieted events resulting in death) Last Due to (or as a consequence of): as esn for detached Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 thinknown signed b Division of Vital Records. by 24b. Were eutopsy findings eveilable prior to completion of cause of death? Completed 24a. Was an autopsy **Deen** 105 1 ☐ Yes 2 € No 1 ☐ Yes 2 ☐ No this certificate 25. Wes case referred to medical examiner? Be 26. Plece of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1□ Yes 2□ No 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 M DOA funeral 27. Manner of Death 28b. Time of Injury 28c. Injury at Work? 28d. Describe how injury occurred Certification: 28a. Date of Injury (Month, Day Year) i or Attending F after death. After 5 Pending investigation 1 Netural 1 Yes 2 No 2 Accident 6 Could not be determined 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) in by 4 - Homicide Hospital 24 hours a 24 hours Funeral 1 Certifying Phyalclan: To the best of my knowledge, death occurred et the time, date and placa, end due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical pletely (Check only one) To the To the 29b. Signature and tip of cartifier 29c. License number 29d. Date signed (Month, Dey, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 309 led (Month, Day, Year) 22. Registrar's Signature JUN 12 1997 Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Physician	
/Medical	
Examiner	

Month JAMES KYNE DUMMERFELT JUNE 3,1997 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY If Under 1 Year If Under 24 Hrs. Hours Min. 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) **Funeral** 1□ M 2□ F Months Hours 213 24 3519 Yrs 68 Director Usuel Residence of Decadent death with the Maryland 10a. Stete 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examinar trust be notified at Maryland Anne Arundel Annapolis Director 10e. Street end Number 10f. Zip Code 942 Marconi Ave. 21401 Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritel Status permit. Pages 1 and 2 should be filed within 72 hours after c. Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or item any injury or other traumatic event, the Medical Examinations. Armed Forces?

X⊠ Yes 2□No Army
If Yes, Give
Yeer or Detes: Unknown 1 Never Married 28 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No by 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) 12 Printer 17. Father's Neme (First, Middle, Last) Ryne Summerfelt Ella Schram 19e. Informent's Neme/Reletionship (Type, Print) Gloria V. Summerfelt Wife 20a, Method of Disposition 20b. Place of Disposition (Neme of cametery, cremetory or other plece) Dete Buriel 2 Cremetion 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Fort Lincoln Cemetery 21. Signature of Funeral Service Licen 22. Name end Address of Fecility ovore 16000 Annapolis Rd. Bowie Md. 7art1. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure at only one cause on each line. **Physician** /Medical Immediate Cause (Finel FUNGAL PNEUMONIA diseese or condition resulting In death) Examiner ACUTE MYELOGENOUS LEUKEMIA Examiner physician and s the bunal-transit be executed Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest P.O. Box 68760. an/Medical Due to (or es e consequence of) usa as attending p Physici been signed by the a should be datached f Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. Records, by 24e. Wes en eutopsy performed? Completed has certificate Division of Vital Attending Physician: funaral director, Be 25. Wes case referred to medical exeminer? 26. Plece of Death (Check only one) 1□ Yes 2 No 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this 28e. Dete of injury (Month, Dey Year) 27. Menner of Deeth 1 (Whatural Certification: 28b. Time of 28c. Injury et Work? 5 Pending death. 1 Yes 2 No Investigation after death Director: 2 Accident 6 Could not be 3 Suicide 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) in by 4 Homicide To the Hospital or within 24 hours aft To the Funeral Di completely filled in 29a. Certifier (Check only one) Medical 29c. License number 1744529 29b. Signatur and title of certifie who completed cause of deeth (Item 23a) (Type, Print) 30. Name ONCOLOGY 3-127, BALTMORE, MD 21287 DOUGLAS RITTO MD. 600 N. WOLFE ST,

32 Registrar's Signature

1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Yeer 11:20 p 4c. County of Deeth Birthplece (State or Foreign Country) 17,1928 Michigan 10d. Inside City Limits 1 Yes 22 No 10g. Citizen of Whef Country? United States 14. Rece - American Indlen, Bleck, White, etc. Specify: White 16b. Kind of Business/Industry Printing 18. Mother's Name (First, Middle, Maiden Surneme) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 942 Marconi Ave. Annapolis Maryland 20c. Location - City or Town, Stete June 6,1997 Brentwood Maryland Robert E. Evans Funeral Home, Inc. Approximete Intervel Between Onset end Deeth 23b. Did tobacco use contribute to the cause of depth? 3 ☐ Probably 4 ☑ Unknown 1 Yes 2 No 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 1 Yes 2NNo Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 🔯 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end piece, end due to the ceuse(s) end menner es steted. 2 Madical Examiner: On the besis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end place, end due to the ceuse(s) end menner steted. 29d. Date signed (Month, Dey, Year)

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Registrar

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State of Maryland / Department of Health and Mental Hygiene

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xaminer	r	4a. Facility Name (If not institution,					Takoma	or Location of Dea	- 11	y of Deeth gomery
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ector		577-86-0572 Usuel Residence of Decedent	10 M 20 F		38 Yrs.	Months Day	ys Hours M	Min. 8. Date of B (Month, D Oct. 15	5, 1958	Washington,
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Director	20	MD Montg	omery	Ker	nsingt	on				1 Yes 2
Dire	2	10e. Street and Number				10f. Zip Code			10g. Citizen of	
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	Ö	Moses H. Stroma	,					Name <i>(First, Middle</i> a E. Palt		ne)
T		19a. Informent's Name/Relationship			19b. Meilin	o Address (Stre		Rural Route Num		State 7in Code)
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othe	2	20e. Method of Disposition		20b. Pl	ace of Dispos	sition (Neme of netory or other p	olece)	Date	20c. Location	- City or Town, State
ery o		1 Surial 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spec	□Removal from State cify)	B		Memoria		6-16	Landove	r, MD
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ja ja	e e	resulting In death)	e	Due to (or	as a conseq	uence of):	ma	0.0	0	1 Man
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First Middle Last) 2. Date of Death 3 Time of Death Month Day 8, Leland Edwards Scott 1997 7:25 pm June /Medical 4a. Facility Name (If not Institution, give straat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Doctor's Community Hospital Lanham Prince George's 5. Scalal Security Number If Undar 1 Yaar If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foraign Country) 1 X M 2□ F Days Hours Yrs. 219-36-8735 91 May 2, 1906 Kentucky Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 X Yes 2 □ No Director Maryland Prince George's University Park 10e, Street and Number 10f. Zip Code 10g. Citizen of What Country? 4326 Underwood Street 20782 U.S.A. Funeral 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yas 2 전 No If Yes, Give Year or Dates: 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. 1 ☐ Naver Married 2 ☐ Married 1 ☐ Yes 2 🖾 No Specify: White þ 3 Nidowed 4 Divorced Completed 16a. Decadent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) College (1-4or 5+) Elementery/Secondary (0-12) Professor of Horticulture 5+ University of Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Be Burton W. Scott Carrie Riggs Scott 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Elaine Scott Charleton - Daughter 3030 Powder Mill Road, Adelphi, Maryland 20783 20b. Placa of Disposition (Name of cemetary, crematory or other place) 20a Method of Disposition 20c. Location - City or Town, State 1 ☐ Burlal 2 Ø Cramation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Othar (Specify) 06/12/97 Alexandria, Virginia Metropolitan Crematory 22. Name and Address of Facility
Francis Gasch's Sons Funeral Home, P.A. 21. Signature of Funeral Servica Licensee 200c audette - J. 4739 Baltimore Avenue, Hyattsville, MD 20781 23a. Part1. Enter the diseasa, or complications that causad the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Immediate Cause (Final Congestive Heart Failure disease or condition resulting in death) Chronic Due to (or as a consequence of) Coronary Artery Disease Sequentially list conditions, if any, leading to immadiata cause. Enter Underlying Cause (Disease or injury Due to (or as a consequence of) that Initiated events resulting In death) Last Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b Did tobacco use contributa to the cause of death? 1 ☐ Yes 2 No 3 Probably 4 Unknown Fracture Hip 24e. Was an autopsy performed? 24b. Were eutopsy findings available prior to Chronic Renal Failure completion of causa of death? 1 ☐ Yes 2 ♥ No 25. Was case referred to medical 26. Place of Death (Check only one) Hospitel: 1 ☒ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residenca 6 Other (Specify)

Physician /Medicai Examiner

attending physician end for use as the burial-trar

signed by t

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Within 24 hours at To the Funeral D completely filled i

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The law requires that the death certificate be executed

Box 68760.

P.O.

Records,

Division of Vital Attending Physician: Examiner

Physician/Medical

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Completed

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Certification: To

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Physician

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7 is marked other than "natural", or items 23a or 28a-f show traumstic event, tra Medical Examiner must be notified at

filed within Hygiene.

permit. Pages 1 and 2 should be filled with Department of Health and Mental Hygient important: if item 27 is marked other that any injury or other traumation.

the Marylend

death

Baltimore, Maryland 21215-0020

1 Yes 2 □ No

27. Manner of Death 1 Netural

2 X Accident 3 ☐ Suicide 4 - Homlcide

5 Pending Investigation 6 Could not be determined

28a. Date of Injury (Month, Day Year) 28b. Tima of Injury 05/24/97 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

10:00 aM

28c. Injury et Work?

1 ☐ Yes 2 X No

28d. Describe how Injury occurred Subject fell when opening Door

 Location (Street and Number or Rural Route Number, City or Town, State) 4326 Underwood Street, Univ. Park,MD 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mannar as statad.

I Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

(Check only one) 29b. Signature and title of certifier

29c. License number D14799

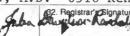
29d. Date signed (Month, Day, Year)

June 11, 1997

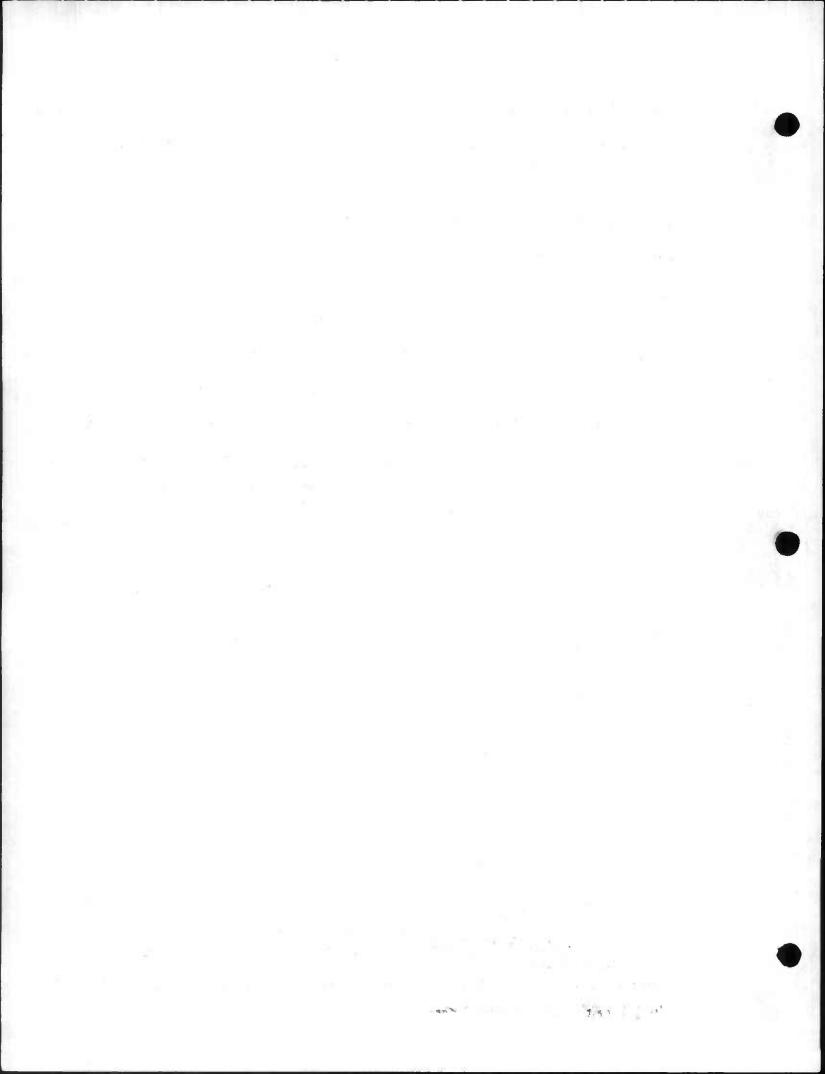
30. Neme and address of person, the mipleted cause of death (Item 23a) (Type, Print)

Joseph Mathew, M.D. 6510 Kenilworth Avenue #1400, Riverdale, Maryland 20737 31. Date filed (Month, Day, Year)

State Registrar



Residence



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** June 9, 1997 Michael Κ. Staunton 6:15 A.M. /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 1568 Potomac Heights Dr. Ft. Washington Prince George's If Under 1 Yeer If Under 24 Hrs.

Months Deys Hours Min. 5. Sociel Security Number 8. Dete of Birth (Month, Dey, Year)

June 25, 1942 Washington D.C 6. Sex 7. Age (In yrs. lest birthdey) **Funeral** Months Deys 1 XM 2 F Yrs 579-54-2897 **Director** 54 Usuel Residence of Decadent the Marylenc 10e. State 10c. City, Town or Location 10b. County 10d. Inside City Limits nit. Pages 1 end 2 should be filed within 72 hours efter death with the Maryle artment of Haalth and Mental Hygiene. ortant: if them 27 is marked other than "natural", or thems 23s or 28s-1 show Injury or other traumatic event, the Medical Examiner must be notified at Maryland Prince George's Ft. Washington 1 ☐ Yes 2 🗓 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1568 Potomac Heights Dr. U.S.A. 20744 Funerai 12. Wes Decedent Ever in U,S.
Armed Forces?
1 □ Yes 2 □ No
1f Yes, Give
Yeer or Detes: 1961-1987 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Black þ 3 □ Widowed 4 □ Divorced Completed 15. Decadent's Education (Specify only highest grade completed) Decedent's Usuel Occupetion
 (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) U.S. Air Force Military 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Louis Nelson Staunton Mary Beatrice Kelly 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Michael K. Staunton, Jr./Son 11320 Kettering Circle, Upper Marlboro, Md. 20772 20e. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) Dete 20c. Location - City or Town, State 1 Burlal 2 Cremetion 3 Removel from State permit. Page Department of Important: If any Injury or once. Arlington National Cemetery 6/17/97 Arlington, Va. 21. Signature of uneral Service Licen 22. Name and Address of Fecility
George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md. 20745 23e. Pert1. Enter the disection complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Cause (Final diseese or condition resulting in death) Myocardial Infarction Examiner Due to (or es e consequença of): Examiner Thrombosis tha deeth cartificate be executed physician and the buriel-trensit Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in death) Lest Due to (or es e consequence of): Atherosclerosis Physician/Medical Due to (or es a consequence of): esn jo Pert il. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contributa to the cause of death? been signed by should be detac 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Hypertension Aq 24b. Were autopsy findings aveilable prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed page 2 Yes 2 No Yee 2 No certificate To the Hospital or Attending Physician: Within 24 hours after death.

To the Funeral Director: After this certifical completely filled in by the funeral director, it Be 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2XNo 28e. Dete of Injury (Month, Dey Year) 27. Menner of Death Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Neturei 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Pleca of Injury - At home, ferm, street, fectory, office bullding, etc. (Specify) 4 - Homicide Medicai **Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the cause(s) and menner es stated.

2 • Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete and piece, end due to the cause(s) end menner steted. 29e. Cartifier 29b. Signeture end title of certifier, 29c. License number 29d. Date signed (Month, Dey, Year) mun nun 97 D45751 11 30. Neme end eddress of parson who completed cause of deeth (Item 23e) (Type, Print) Ommar Win, M.D. 6104 Old Branch Ave. Temple Hills, Md. 20748 32. Registrer's Signeture 31. Dete filed (Month, Dey, Year) State

Registrar

JUN 13 1997

P.O. Box 68760,

Records,

Division of Vital

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** ANNIE CLYDE TRUITT 5:15 AM 1997 June 4, /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner MILL BRANCH ROAD MARDELA SPRINGS WICOMICO 5. Social Security Number 7. Age (in vrs. jest hirthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dev. Year) Birthplece (State or Foreign Country) **Funeral** 1□M 2⊠F Months Days Hours 245-20-2744 September 8,1924 Director 72 North Carolina Usuel Residence of Decedent with the Meryland 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits 7 is marked other than "natural", or itams 23a or 28a-f show traumatic avant, the Medical Examiner must be notified at 1 ☐ Yes 2 X No Director Maryland Wicomico Mardela Springs 10e. Street end Number 10f, Zlp Code 10g. Citizen of What Country? Mill Branch Road 21837 USA Funeral deeth 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ② No If Yes, Give Year or Dates: Wes Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 11. Maritel Status permit. Pages 1 and 2 should be filed within 72 hours after of popularity of Health end Mental Hygiene. 1 ☐ Never Merried 2 X Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 2 No Specify: P White 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 Teacher Education 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be James Warbritton Dilly Taylor 19a, Informant's Name/Relationship (Type Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Oliver Truitt/husband P.O. Box 208, Mardela Springs, MD 21837 20a. Method of Disposition 20b. Piece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 Burial 2 □ Cremation 3 □ Removel from State b Mardela Memorial Cemetery 6/6/97 Mardela Springs, MD 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility 21. Spnature of Funeral Service Li m01051 any la Holloway Funeral Home 23a. Part1. Enter the disease, or complications that clused the death. Do not enter the mode of dying, such es cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 501 Snow Hill Rd., Salisbury, MD 21804 Approximate Intervel Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Examiner the buriel-transit and Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Lest that the death certificate be execu Division of Vital Records, P.O. Box 68760, ettending physician Physician/Medical 80 ō signed by the el Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown p 24b. Ware autopsy findings available prior to completion of cause of death? should up disease Completed 24a. Was an autopsy performed? certificate hes 2 No 1 Yes 2 10 No Physician: Be 25. Was case rafarred to medical 26. Placa of Daath (Check only one) 1 Yes 2 No Other: 4 ☐ Nursing Home 5 🗷 Residence 6 ☐ Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Manner of Death 1 Natural 28a. Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred Hospital or Attending Pl 24 hours effer death.
 Funeral Director: After th 28c. Injury at Work? Certification: 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident completely filled in by the 6 Could not be determined 3 Sulcide 28e. Piece of injury - At home, ferm, street, factory, office building, etc. (Spacify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicida To the Hospital e within 24 hours e To the Funeral D 29a. Certifier (Check only one) 1 Certifying Physician: To the bast of my knowledge, death occurred at tha time, date and place, and due to the cause(s) and mannar as statad. Medical 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete end piece, and due to the cause(s) and manner stated. 29b. Signeture end title of certifier 29d. Date signed (Month, Dey, Year) 5 30. Nama and address of person who ed causa of daath (Itam 23a) (Type, Print) COPSTANTE 31 Date filed (Mo. State Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day Year **Physician** MILDRED LEE TAYLOR 97 1:25 P.M. /Medical 4a. Facility Name (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner SALISBURY 228 DOVE STREET: WICOMICO If Under 24 Hrs. 8. Date of Birth
Hours Min. (Month, Day, Year) 5. Sociel Security Number If Under 1 Year 7. Age (In yrs. last birthday) Birthplace (Steta or Foreign Country) **Funeral** Months Days 10 M 20 F 257-78-0670 60 Yrs Director SURRENCY, GA. 9-15-36 Usual Residence of Decedent Pages 1 and 2 should be filed within 72 hours after death with the Manyland ment of Health and Mental Hygiene.

Intel II fem 27 le marked other than "natural", or items 23s or 28s-f show any or other training the Medical Examiner man be notified at any or other training event, the Medical Examiner man be notified at 10a State 10c. City, Town or Location 10b. County 10d, Inside City Limits 1 ☐ Yes 2 No Director MD. WICOMICO SALISBURY 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 21801 228 DOVE STREET Funeral USA 12. Was Decedent Ever In U,S. Armed Forces? 14. Race - American Indian, Bieck, White, etc. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Merried 1 Yes 2 No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 1 □ Yes 2 No by Specify: AFRO-AMERICAN 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grada complated) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) DOMESTIC HOUSE WORK 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middla, Maldan Sumama) Be RICHARD TAYLOR 2 ALICE GILLIS 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) RICHARD TAYLOR/SON ADDRESS SAME AS ABOVE 20b. Plece of Disposition (Nama of cematery, crematory or other place)
SALISBURY CREMATORY 20a. Method of Disposition 20c. Location - City or Town, State Method of Disposition 1 □ Burial 2 Scremation 3 □ Removal CREMA FION Department of Important: If It any injury or once. 6-13 SNOWHILL RD.; SALIS. MD 21. Signature of Funeral Service Licensel 22. Name end Address of Facility JOLLEY MEMORIAL CHAPEL 1213 JERSEY ROAD; SA LISBURY, MD. 21801 Sou that caused to death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Enter the disease Approximate Interval Between Onset and Deeth **Physician** 6 months Immediate Cause (Final disease or condition resulting in death) /Medical adenseorchum Examiner Due to (or es e consequence of) Examiner requires that the death certificate be executed physician and the burial-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or es a consequence of): 88 USB jo signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings available prior to completion of cause of deeth? 24a. Wes an autopsy performed? Completed has certificate 1 Yes 2€ No 1 ☐ Yes 2 ☐ No or Attending Physician: director, 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 □Other (Specify) 10 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA After this funeral 28a. Dete of Injury (Month, Dey Year) 27. Manner of Death 28b. Time of Injury 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 Natural 5 Pending Investigation death. 1 Yes 2 No 2 Accident 24 hours after deal Funeral Director: 6 Could not be 3 Sulcide 28f. Location (Street and Number or Rural Routa Number, City or Town, Steta) Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) filled in by 4 Homicide Hospital 29e. Certifie Medical 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(s) and manner as stated. (Check only 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and many stated. within 2. To the F 29d. Date signed (Month, Day, Year) 29b. Signature and titlerof pellific 0 2

MO

100 Power St. Salisbury mo 21801

Registrar

2

State

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

V10

32. Registrer's Signature

This Davidson Rardall

125

JUN 04.1997

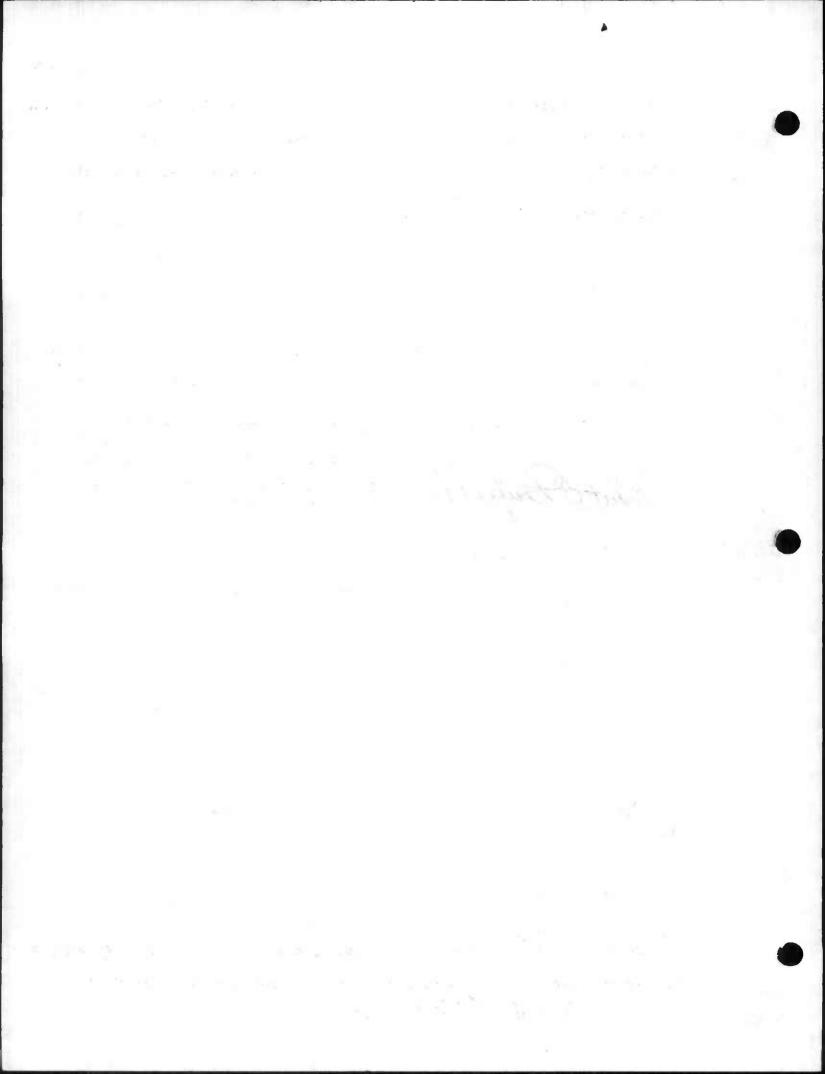
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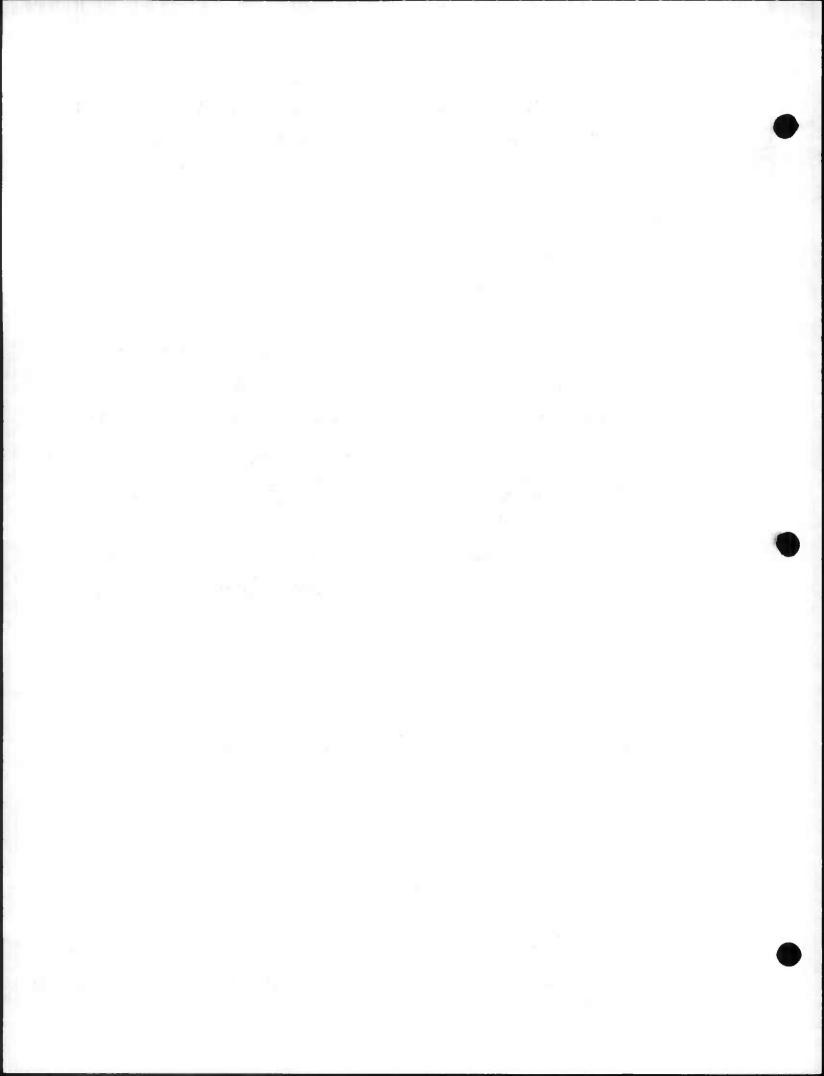
A Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 19314

vsician	1 Decedent's Name										Reg. No.			
hysician /Medical	MARILYN IOANNE THEE					2. Date o						Year	3. Tim	e of Death
	MARIL	YN JOA	NNE TUI	RK						MAY 3	31, ^{Day}	Teal	7:4	5 P.M.
kaminer	4a. Facility Nama (If r	not institution, given	ve street and num	n <i>ber)</i>				4b. City, To	wn, or Lo	ocation of Dea	th 4c. Coun	ty of Death		
	2443	Merchan	t Street						lerio	k	Fre	deric	k	
neral	5. Social Security Nur		Sax 1□ M 2□F	7. Age (In yrs		Months Months	T Year Days	If Under Hours		8. Date of B	irth ay, Year)	Cou	ntrv)	ite or Foreig
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		10b. County		10c. C	ity, Town or L	ocation							10d Insid	a City Limits
led to	Maryland	Frede	rick	F	rederi	lck								as 2 N
rec rec	10e. Street and Numb	per				10f. Zic	Code				10g. Citlzan of	What Cou	ntry?	
Examiner must be notified at by Funeral Director	2443 Mer	chant S	treet				2170)1			U.S		т,	
Tera	11. Marital Status	CHAIL D	12. Was Dece	dant Ever in U	J,S. 13.	Was Dece			gin? (Spe	ecify Yes or N Rican, etc.)		ce - Ameri	cen Indian	١.
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by E		Divorced	If Yes, Giv Yaar or Da	е		¹ □ Yes	2LXNo	Specify:			Spec	ity: W	hite	
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Be	17. Father's Nama (Fi										e, Maiden Suma	me)		
To To	Leonard	Zanrboc	K					FJ	Lorer	ice Bre	ndefur			
raum	19a. Informant's Nam				19b. Mail	ing Address	s (Street	and Numbe	er or Rura	al Route Numb	ber, City or Town	n, State, Zip	Code)	
ing injury or other traumatic event, the Minnes. To Be Comp	Frank Ro		rk (Hust					it St.	Fre		, Md. 2			
5	20a. Method of Dispos		Removal from S		Place of Disp cemetery, cre	osition (Nar matory or c	me of other plac	ca)		Date	20c. Location	- City or To	own, State	
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any in	21. Signature of Fore	ral Service Light	1500	2 .0		2. Name an				COM TH	INTERDAT II	OMEC	D A	
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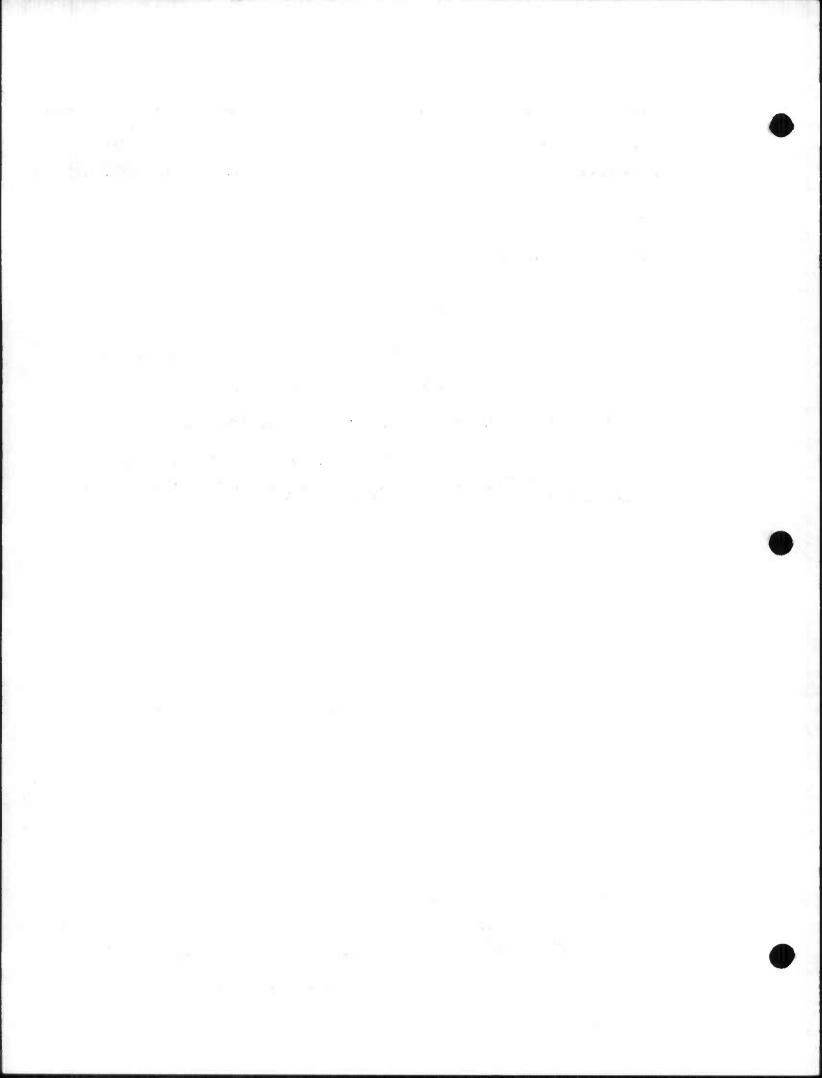
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No.

-						Ce	rtificate	of	Death			Reg. No	. ~	1	19315
Р	Physici	an	1. Decedent's Name (First, Midd		T						2. Dete of D _ Month	De	y	_Yeer	3. Time of Death
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	ineral rector		5. Sociel Security Number 220–18–2380	6. Sex 1 □ M 2 ▼F	7. Age (In yrs. 83	last birthday) Yrs.		Year Deys	If Under Hours	24 Hrs. Min.	8. Date of 8 (Month, D June	irth 8,19	14	9. Birthp Coun Mary	elece (State or Foreign etry) y Land
Aaryland	r 28a-f show notified at	or	Usuei Residence of Decedent 10e. State 10b. Count Maryland	у		y, Town or Lo								1	0d. Inside City Limits
the A	notth notth	rect	10e. Street end Number		Das	LCIMOL	10f. Zip (Code				10g, Cit	izen of	Whet Coun	
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21215-0020 d within 72 hours af giene.	natural', idical Ex	eted	15. Deceder (Specify only higher	nt's Education est grade completed	d)	16e. Dece	dent's Usuai kind of work DO NOT use	Occup	etion during mos	t of work	ina	16b. K	ind of B	usiness/Ind	Justry
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Mar nd 2 sh lth and	If item 27 is marked other or other traumatic event,	_	19e. Informent's Neme/Reletion Mrs. Anna Margare		œ						al Route Numi				
or Le			20e. Method of Disposition 210 Buriel 2 Cremetion 4 Donetion 5 Other (5		n State	Plece of Dispo cemetery, crea int Oliv	matory or oth	er plac	ce) 7, Jun	e 14,	Dete 1997			City or To	wn, State Maryland
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of Vital Physician: Th	s certificate director, paç	Be	25. Wes case referred to medical exeminer?					011		of Deet	h (Check only	one)			
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Vision Attending or death.	w: After th	atio	Z C Prodicioni	igation 6 -	onth, Day Year)	Injury	М		k? Yes 2.☑	No					
Division tal or Attending rs after death.	To the Funeral Director: completely filled in by the	Certification:	3 Suicide 6 Could 4 Homicide deterr	nined 288. Plet	ce of Injury - At ho ding, etc. (Specify	ome, ferm, str	reet, fectory,	office				(Street ar own, State		ber or Rura	l Route Number,
To the Hospital within 24 hours	he Funer pletely fil	edicai	29a. Certifier 1 Certifying (Check only one)	ng Physician: To the Examiner: On the end me	ne best of my know basis of examined onner stated.	wledge, death tion end/or th	n occurred el vestigetion, i	the tin	ne, dete en pinion, dee	d piece, th occurr	end due to the red et the time	e ceuse(s) , date and) end m d pleca,	enner es st and due to	eted. the cause(s)
Totwith	Con	Σ	29b. Signeture and title of certifie	Bu	5.		29c.	Licens	e number	3 T		29d. Da	te signe	d (Month,	Day, Year)
•			30. Name and eddress of person	who completed car		23e) (Type,	Print)	1	7 /2	TOL	CF C			1)	4
			DIADOM & SIM	1007 BE	UTRAN Bholistraka Sidan	EM,	. 10	1 1	W. 3	C, _	24 B	elf	00,	nd	21211
R	Sta Registr		JUNI 3	199/	Registral's Signe	or Rarda	41								



State of Maryland / Department of Health and Mental Hygiene 97 10216

						Certifica	ate of	Death			Reg. No.	1	12010
	Dharia		1. Decedant's Name (First, Middla, L.	ast)						2. Date of Do	eath Day	Year	3. Tima of Death
	Physic /Medi		THADDEUS	RICHARD	THOM	PSON					9, 1997	Teal	5:45pm
	Exami		4a. Facility Name (If not institution, gi	va street and number)				4b. City, To	wn, or Lo	cation of Deal		of Death	1
			13 N. ALTAMO	NT AVE.				THUR	MONT		FRE	DERI	CK
	Funeral		5. Social Security Number 6.	Sex 7. Ag	e (In yrs. last bli	thday) If Und	er 1 Yea s Days	If Undar	24 Hrs.	8. Data of Bi (Month, D		9. Birtho	place (Stata or Foraign
	Director		184-18-6749	1 □{M 2 □ F	74	Yrs.	s Days	noura	Min.	JAN.	5, 1923	PENI	NSYLVANIA
	D.		Usual Rasidance of Decedent			14-							
	how tel		10a. Stata 10b. County		10c. City, Tow	n or Location						1	10d. Insida City Limits
	P Ne	cto	MARYLAND FREDERI	CK	THURMO	NT							1 Yas 2 No
	er th	Director	10e. Street and Number			10f. 2	Zip Coda				10g. Citizen of	What Cour	ntry?
	th w		13 N. ALTAMO	NT AVE.		2	21788	3			US	A	
	hours after death with the Maryland turst; or items 23s or 28s-f show at Examiner must be notified at	Funeral	11. Marital Status	12. Was Decedent Armed Forces?	Ever in U,S.	13. Was Dec	edant of	Hispanic Ori	igin? (Spe	ecify Yes or N		ce - Americ	can indian,
0	or its		1 ☐ Nevar Marriad 2 X Married	1XXYes 2 □ N	No	1 🗆 Yes							
20	72 hours natural.	1 by	3 Widowed 4 Divorced	Year or Dates:	WW II	12.103	2,72,140	ороску.			Specii	WHITI	E
2	2 5 5	Completed	15. Decedant's E (Specify only highest gi	ducation ade completed)	16a	Decedant'a Us			t of worki	ina	16b. Kind of B	uainass/In	dustry
Maryland 21215-0020		npi	Elemantary/Secondary (0-12)	Collega (1-4or 5		lifa. DO NOT	usa retir	ed)					
7	T3 F0 5	Co	12		F	RESSMAN	I				BUSIN		FORMS
n n	tel Hyy d othe	B	17. Fathar's Nama (First, Middla, Las	•							a, Ma <i>id</i> an Sumar	•	
<u>yla</u>		P	BERNARD I	. TH	IOMPSON			MA	RGAR	ET		DEA	AL
a			19a. Informant'a Name/Ralationship	(Type, Print)							ber, City or Town		Code)
	C TO N F		CHARLOTTE K. THO	MPSON (WIF	E) 1	3 N. AI	TAM(ONT AV	E., '	THURMO	NT, MD 2	1788	
ore	of Healt of Healt I Item 2 r other		20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cramation 3 [Damaval from State	20b. Place o cemata	f Disposition (A ry, crematory o	iama of r othar pi	ace)		Data	20c. Location	- City or To	own, State
Ĕ	Peges nent of int: if Ite iny or o	1	4 Donation 5 Other (Special		OUR L	ADY OF	MT.	CARME	L 6,	/13/97	THURMON	T, MI	D
Baltimore,	permit. Peges Department of I Important: if ite any injury or o		21. Signature of Funeral Service Lice	neee		22. Nama	and Add	rass of Facili	ty .	CON E	THE AT I	OMEG	D 4
m	Depa Impo any i		2								UNERAL H		, P.A.
	-		28a Parti. Enter the disease, or conshock, or haart failura. List only	nolications that caused	the death. Do	not enter the m	oda of d	ing, such as	cardiac c	or raspiratory	Γ, MD 21	.700	Approximate
V	Physician		shock, or haart failura. List only	ona causa on aach IIr	na.								Interval Between Onset and Death
	/Medical		Immediata Cause (Final		1-110	1						į	
	Examiner		disease or condition rasulting in death)	a	HIVI		10%	1				-	SECONDS
		9		1	Due to (or as a	consequences	n: 	1					
	betr J J J	Examiner		b	207	PUR	mis.	now	L_			-	10 YEARS
-	certificete be executed nding physician and use es the buriel-transit	Exa	Sequantially list conditions, if any, leading to immediata causa. Entar Undarlying Cause (Disaasa or injury		Due to (or as a	consequance o	1):					1	
68760,	sicia bur		Cause (Disaasa or injury that initiated evants	c	5		D						
28	phy s the	Medical	rasulting in daath) Last		Dua to (or as a	consequance o	1):					1	
×	9 9 9			d									
Bo	eth for	Physician	D . H . D . L . H										
о. О.	S the	ıysı	Part II. Other significant conditions	contributing to death bu	ut not rasulting i	n the undarlying	causa g	iven in Part I	l.		_/		o the cause of death?
	thet hed b		a	red 7	furu	Class	w			1	Yes 2 No	3□ Pro	bably 4 Unknow
Records,	8 5 8	d by	-	T	7					24a Wa	s an autopsy	24h W	ara autopsy findings
Ö		ete	Ω	enen	a					perf	ormed?	av.	railabla prior to empletion of cause
ě	5 00 CV	Completed										of	daath?
<u></u>	E se g	S								10	Yas 2 No	10	☐ Yas 2☐ No
	Physician: The this certificate ral director, pag	Be	25. Was casa rafarred to medical axaminar?	10-1-1				1.	a of Death	(Check only	ona)		
5	hya ai di	٦ ٢	1 Yas 2 No	Hospital: 1 Inpatia			JON		ursing Ho	ma 542 Ras	idance 8 Dot	nar (Specif	y)
Division of Vital	tending Ph leath. tor: After th the funeral	:00	27. Manner of Death 1 ☑ Natural 5 ☑ Panding	28a. Date of Injui (Month, Day		lima of njury	28c. Inj	ury at ork?	1	28d. Dascribe	how Injury occur	rred	
<u>s</u>	il or Attending P setter death. I Director: After t d in by the funer	ati	2 Accidant invastigation			М	1[]Yas 2□	No				
ž	rect rect	tiff	3 ☐ Sulcida 6 ☐ Could not to datarminad		ury - At homa, fa	rm, atreat, fact	ory, office		1	28f. Location City or To	(Straat and Numi own, Stata)	ber or Rura	al Route Number,
	is effective of Direction	Ce	27. Manner of Death 1										
	Hospital 24 hours Funeral stely filled	edicai									causa(s) and m	annar as s	tated.
	To the Hospital or At within 24 hours effer of To the Funeral Direct completely filled in by								Joodiii				
	To To To To To To To To To To To To To T	29b. Signature and title of certifier 29c. License number 29d. Data signed							ed (Month,	Day, Year)			
				ll			MD:	L7549			JUNE 10	, 199	97
			30. Nama and addrass of person who	complated causa of de	aath (Item 23a)	(Type, Print)							
			WILLIAM F. HARE	PER. M.D.	100 \$	CENTER	ST.	THIIR	моит	MD 2	1788		
	Sta	ite	31. Data filad (Month, Day, Year)	32. Registre	ar's Signature					,			
	Regist	ar	JUN 1 3 19	97	ar's Signature	Cardalli							



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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3. Time of Death 2.14 PM

	Physici /Medic		NORMA		RIPL	ETT					Month JUN	E (O.	1997	2.14 Pm
	Examir		4a. Facility Nama (If not institution Sout THERN)	MARYIN		Hos P.	ITAL		4b. City, To	Lew :	ocation of Dea	ih 4c. Count	ty of Death	CEONLES
	Funeral Director		5. Social Security Number 579–46–2625 Usual Rasidance of Decedani	6. Sex 123 M 2□ F	Aga (In yrs. la	ost birthday) O Yrs.	If Undar 1 Months	Yaar Days	If Under Hours	24 Hrs. Min.	8. Daia of Bi (Month, D	irth ay, Year) 0, 1937	9. Birth Cou WASH	piaca (Stata or Foreign intry) IINGTON, D.C
	h the Maryland r 28a-f ahow	tor	10a. Siata 10b. County	E GEORGE'S		Town or Lo								10d. Insida City Limits 1 XYas 2 No
	th with the 23e or 28 unt be not	ai Director	10e. Streel and Number 5086 SILVER HI	LL CT. #204			10f. Zip C	oda 747				10g. Citizan of		
020	within 72 hours after death with the Maryland ene. Then "naturel", or items 23e or 28e-f show he Medical Examiner must be mortled at	by Funeral	11. Marital Stalus 1 Nevar Married 2 Mai 3 Widowed 4 Divorced	M 17 01-	3 No 8/1	7/55	Vas Decede f Yas, specif I □ Yas 2		lispanic Or an, Maxice Specify:		pecify Yas or N Rican, atc.)		ice - Amari ack, White	
21215-0020		Completed	15. Deceda (Spacify only highs Elemantary/Secondary (0-12) 12	nt's Education ast grada complated) Collaga (1-40	r5+)	16a. Decedant's Usual Occupation (Giva kind of work dona during most of lifa. DO NOT usa retired)						16b. Kind of E		VERNMENT
pu	2 should be filed and Mental Hygid is marked other sumatic avent, if	To Be C	17. Fathar's Nama (First, Middla, HARRY A. TR		18. Mothar's Nama (First, Middla, Meiden Sumama) MARGARET P. RUSSELL									
	27 E		19e, informant's Name/Raiation GINA FRENCH/									ber, City or Town		
Baltimore,	5000		20e. Method of Disposition 1 X Burlai 2 Cramation 4 Donation 5 Other (5		(Name of or other place) TERANS TERANS ARRISON RD. HYATTSVILLE, MARYLAND 20784 20c. Location - City or Town, State 6/16/97 CHELTENHAM, MARYLAND ARRISON RD. HYATTSVILLE, MARYLAND 20784									
Balt	permit. Page Department of Important: If any injury or once.		21. Signatura of Funarai Sarvice **Xuttage Co. 2	Scenge M	1085	- A		ER	S. P	OPE	FUNERAI	HOMES		LAND 20747
	Physician (Madical		23a. Part1. Enier tha disaasa, o shock, or haart failura. Lis	r complications that ceus t only ona ceusa on aach	ed tha daalh. lina.									Approximata Intarvai Batween Onsat and Death
	/Medical Examiner	4	immediete Ceusa (Finai disaasa or condition rasulting in daath)	a. ACUTI		ERIOR		LM	YOCA	RDI	AL IN	FARCTIO	I . NC	MINUTES
	led lsit	niner		b. CARD	IOGEN	IC SH	OCK.						- 1	HRS.

Sequentially list conditions, if any, leading to immadiata cause. Entar Undarlying Cause (Disaasa or injury that initiated events rasulting in death) Last

29b. Signatura and titia of certifian

1. Decedent's Nama (First Middle Last)

Dua to (or as a consequence of):

HYPERTENSIVE CARDIOVASCULAR DISEASE.

Dua io (or as a consequance of):

History of left side hemiparesis.

vears.

YEARS.

Physician/Medical Part ii. Other algnificant conditions contributing to deeth but not rasulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yss 2 ☐ No 3 Probably 4 Unknown glucose intolerance ۾ 24b. Were eutopsy findings available prior to complation of cause of death? Completed 24a. Was an autopsy performed? 1 Yas 200 No 1 ☐ Yas 2 ☐ No 25. Was cesa rafarrad to medicei axaminar? Be 28. Place of Death (Check only ona) 1 Yas 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Inpaliani 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Death 28c. Injury al Work? 28b. Tima of 28d. Dascribe how Injury occurred Certification: 5 Panding invastigation 1 Naturai 1 Yas 2 No 2 Accident 3 Suicida 6 Could not be determined 28a. Piece of Injury - At homa, farm, street, factory, office building, atc. (Spacify) 28f. Location (Street end Number or Rural Routa Number, City or Town, Stata) 4 Homicida 29a. Certifier Certifying Physician: To tha best of my knowledga, daath occurred at the time, dete and place, and due to the cause(s) end manner as steted.

[Insert Section 2] Medical Examiner: On the basis of axamination and/or investigation, in my opinion, daath occurred at the time, data and place, and due to the cause(s) and manner stated. Medical (Check only one)

To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifier

Division of Vital Records, P.O. Box 68760,

State Registrar

ath (item 23e) (Type, Print) 30. Nama and addrass of person who complated ca 7900

D12884

29c. Licansa number

29d. Data signed (Month, Day, Year)

JUNE 11 1997

PETER W.YIM M.D. OLD BRANCH AVE. SUITE 101, CLINTON, MRRYLAND20735 32. Registrar's Signatura Year)

be Devolear Revell

attending physician and for use as the bunal-tra

signed by the a

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and the second of the second o

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent'a Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** Dey Albert James Tasker 10,1997 JUNE 12:18 P /Medical 4e. Fecliity Nema (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 11610 RT Brandywine 301 CRAIN HWY. PRINCE GEORGES If Under 1 Yeer If Under 24 Hrs.

Months Days Hours Min. 5. Sociel Security Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplaca (State or Foraign Country) **Funeral** Months 152-44-0377 45 Yrs Director 01-04-52 New Jersey Usuai Rasidance of Decadent 10a, Stete 10b. County 10c. City, Town or Location 28a-f show 10d. Insida City Limits raumatic avent, the Medical Examiner must be notified at Maryland Prince George's Mitchellville Director 1⊠ Yes 2□No the 10e. Street end Number 10f. Zip Coda 10g. Citizan of Whet Country? 6 10743 Willow Oaks Drive 238 20721 USA Funeral death 12. Was Dacedent Ever in U,S. Armed Forces? 1 ☐ Yas 22 ☐ No If Yas, Giva Yeer or Datas: items 11. Maritel Stetus Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - American Indian. permit. Pages 1 and 2 should be filed within 72 hours after of Department of Health and Mental Hyglana. Important: If item 27 is marked other than "natural", or iten any injury or other treumatic avent, the Medical Examines once. Bleck, White, etc. 1 Naver Married 2 Married Baltimore, Maryland 21215-0020 1 Yas 2XXNo Black. Specify: þ Specify: 3 Widowed 4 Divorced Completed 15. Dacedant's Education (Spacify only highast grade completed) 16a. Decedant's Usual Occupetion (Give kind of work dona during most of working life. DO NOT usa retired) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Coilege (1-4or 5+) 4+ Pharmacist Private 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Meiden Sumama) Be James Albert Tasker Hallie Smith 2 19a. Informant's Name/Ralationship (Typa, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Veronica Tasker/Wife 10743 Willow Oaks Drive, Mitchellville, MD 20721 20b. Placa of Disposition (Nama of cametery, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State Data 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Othar (Spacify) Rosehill Cemetery 6/14/97 Linden, New Jersey 21. Signetura of Funaral Sarvice Licensee 22. Nama and Addrass of Facility J.B. Jenkins Funeral Home Nam Perce 7474 Landover Road, Landover, Maryland 20785 23a. Part1. Enter the disadsa, or complications that caused the deeth. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batween Onsat and Death Physician Immadiata Causa (Final diseasa or condition resulting in daath) /Medical · Gunshot to the wound Examiner Due to (or as a consequence of): Examiner physician and tha burial-transit The law requires that the death certificate be axecuted Sequentially list conditions, if any, leading to immadiate causa. Entar Undarlying Ceuse (Diseesa or Injury that initiated events resulting in death) Lest Dua to (or as e consequence of): Box 68760. Physician/Medicai Dua to (or as a consequence of): usa as for datached P.O. Part II. Other algnificant conditions contributing to death but not rasulting in the undarlying causa given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed t Division of Vital Records, þ 24b. Ware autopsy findings Completed 24a. Was an autopsy performed? available prior to completion of cause of death? paga 2 s Limited has 12 Yas 2 □ No 1 Vas 2 No or Attending Physician: director. Be 25. Wes casa rafarred to medical axaminar? 26. Placa of Daath (Check only ona) Other: 4 Nursing Home 5 Rasidence 6 NOther (Specify) MOTEL Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatiant 3 ☐ DOA 1 Xes 2 No Certification: To funaral 28e. Data of Injury (Month, Dey Year) 27. Mennar of Death 28b. Time of Injury 28c. Injury at Work? 28d. Dascribe how injury occurred Aftar 1 Netural 5 Pending 1 Yes 2 No daath. invastigation 6-10-97 2 Accidant Untrown Self in flicted gunshet weund 281. Location (Streat and Number or Rurel Route Number, City or Town, State) | 1610 Route 30| tha 24 hours after deat Funeral Director: 6 Could not be datamined 3. Suicida 28e. Placa of Injury - At homa, farm, streat, factory, office building, atc. (Specify) filled In by 4 Homicida Cadillac Motel Prince Georges County, Mary land Hospital 29a. Certifiar 1 Certifying Physician: To the best of my knowledge, death occurred et the time, data and place, and due to the cause(s) and manner as steted. Medical plataly (Check only one) 22 Madical Examinar: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. To the \$ Com 29b. Signatura end titla of certifier 29c. License number 29d. Data signed (Month, Day, Year) 2 MD OCME JUNE 11,1997 5 30. Nema end addrass of person who completed causa of death (Item 23a) (Type, Print) Radentz, MP111 Penn Street, Baltimore, Maryland 21201 Stephen 5, 1 31. Data filed (Month, Dey, Year) State

Registrar

JUN 12 1997

20		d Decided to	4. 4			С	ertifica	ate of	Death			Reg. No		- 1	1201.		
Physicia	an	1. Decedent's Name (First, Midd		homas						1	2. Dete of Dee Month	Day	•	Year	3. Time of Death		
/Medic		James 4a. Facility Name (If not institution							4b City Toy	vn. or Loc	June ation of Deeth	8,		97 of Deeth	9:15pr		
xamin	er	Suburban H			imber)				Beth								
neral	_	5. Sociei Security Number	6. Sex		7. Age (In vi	s. last birthde	y) If Un	r1Y	If Under 2		_			9 Birth			
erai Loi		250-22-3807	120	M 2□F	72	Yrs.	Month	ns Days	Houra	Min.	B. Dete of Birtl (Month, De) 8/21/	7 (Year)		Cou	place (State or Fore ntry) • C •		
		Usual Residence of Decedent									0, 21,						
5		10e. State 10b. County	•		10c.	City, Town or									10d. Inside City Lim		
	Funeral Director	MD Mont	gom	ery		Bethe									1 ½ Yes 2 □ 1		
Examinating natural natural at	Dir	10e. Street end Number		T				Zip Code						What Cou	ntry?		
	rai	5721 Grosve				110		2081						5.A.			
	une	11. Marital Status 1 □ Never Married 2 □ Ma		Armed Fo	edent Ever in orces?	U,S. 1				in? (Spec Puerto R	fy Yes or No- ican, etc.)			ck, White,	can Indian, etc.		
0000	by F	3 Dividowed 4 □ Divorce		1 ☐ Yes If Yes, Gi Year or D	ive		1 ☐ Yes	2 N	Specify:				Specify	R1	ack		
		15. Decede			74103.	16a. De	cedent's Us	sual Occu	pation			16b. K	Ind of B	usiness/in			
	Completed	(Specify only higher Elementary/Secondery (0-12)	est grade	College ((Gi	ve kind of a	work done	during most ed)	of working	7						
	EO	Unk.		College (1-401 5+)	La	abore	er				Co	nst	ruc	tion		
, ,	Bec	17. Father's Name (First, Middle	,						18. Mother	r's Name (First, Middle,	Me iden	Sumen	ne)			
D C	To	Reuben Tho	mas							Mary	Mayo						
important. I rem 4 1 2 method other train matter, any injury or other traumatic event, tra Medical Exp. 2010s. To Be Completed by		19a. Informant's Name/Relation	ship (Typ	oe, Print)		19b. Me	ailing Addre	ess (Stree	et end Numbe	and Number or Rural Route Number, City or Town, State, Zip Code)							
		Eddie Long,	Br	other										C. 2002			
6		20a. Method of Disposition	2 DB	amoual from	20b	. Place of Dis cemetery, o	sposition (A	Verne of or other pl	ece)		Date	20c. Lo	ocation -	City or T	own, State		
2		1 Reurial 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) Harmony Memorial Park 6/16/97 Landover, MI															
eny inje				1	14.		22. Name	and Addr	ess of Facility								
ESB				100	No.	21. Signature of Funeral Service Licenses 22. Name and Address of Facility											
_		Hall Brothers Funeral Home												n D C			
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an		23a. Pert1. Enter the disease, o shock, or heart failure. Lis				eth. Do not o	621	Fl	rothe orida	rs F Ave	nue,	N.W					
cal		23a. Pert1. Enter the disease, o shock, or heart failure. Lis		cations that of cause on e	caused the de each line.		621 enter the m	F1	rothe orida	rs F Ave	nue,	N.W			Approximete Interval Between		
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M.D.

32. Registrar's Signature

9410 Old Georgetown Rd., 20814

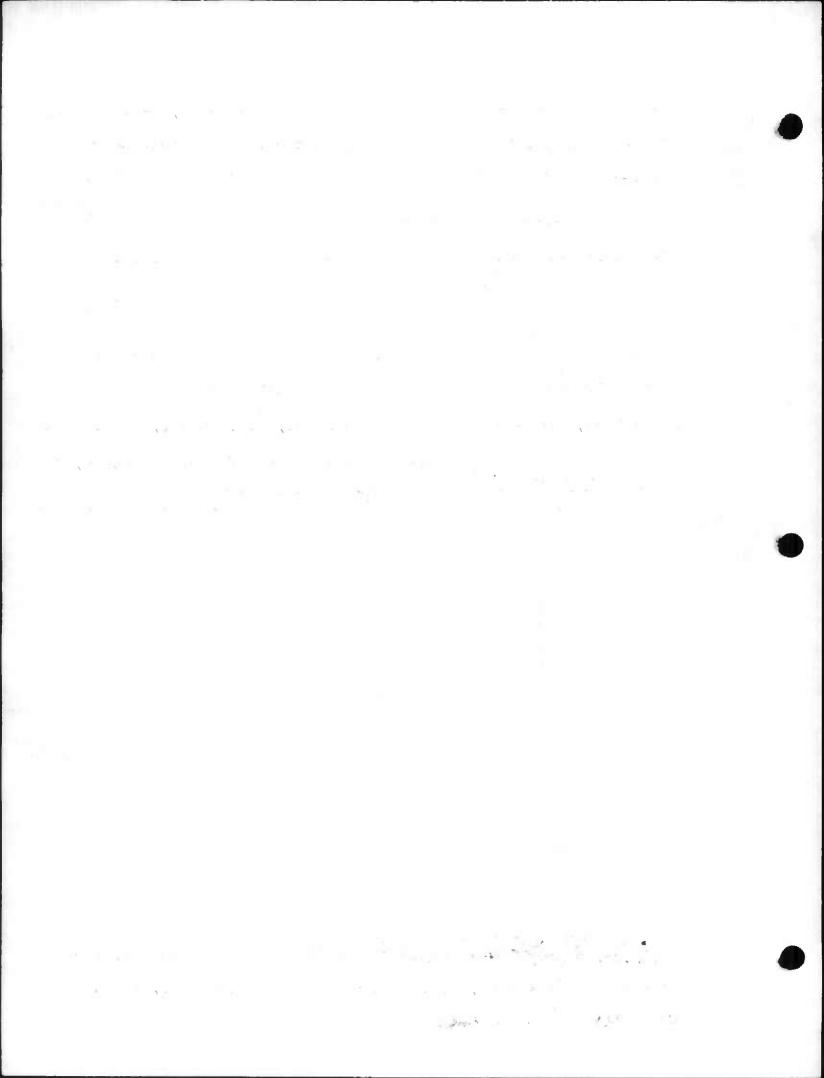
Registrar DHMH 16 Rev 6/95

State

Elliot R. Goldstein
31. Date flied (Month, Dey, Year)

JUN 14 1337

32. Regis



State of Maryland / Department of Health and Mental Hygiene 97 19320

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State of Maryland / Department of Health and Mental Hygiene

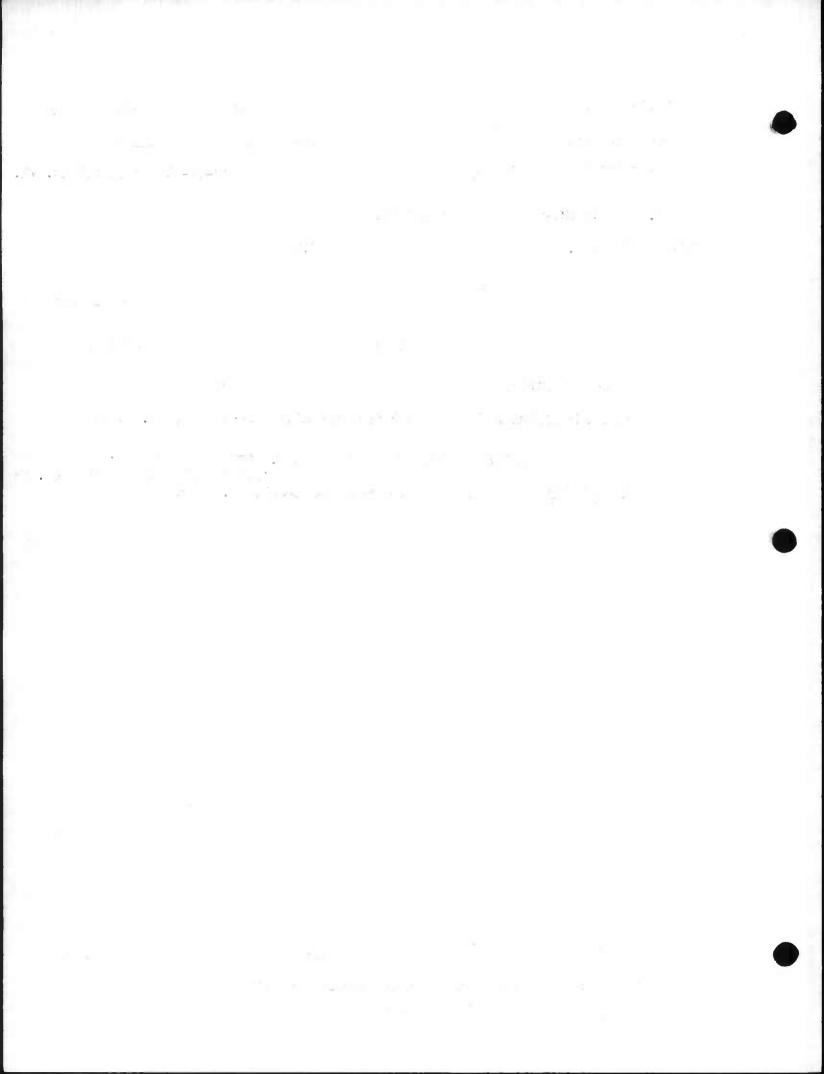
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	To the Hospital or Attending Ph within 24 hours offer death. To the Funeral Director: After th completely filled in by the funeral	Medical	(Check only one) 29b. Signature(and	2 Medical Exami	ner: On the basis and manner	of examina eteted.	ition and/or inv	estigation 29	i, in my c	pinion, death	occurred et the ti	29d. Da	d piace, ate signe	and due to	the cause(s)
		ıſ	30. Name and add	ress of person who co	mpleted cause of	death (Iten	n 23a) (Type, I	Print)							

State Registrar

1622A Ocean Pines, Berlin, Md 21811
32. Registrar's Signature F.G. Arthes, MD

31. Date filed (Month, Day, Year)

JUN 051997



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 06/10/97 ead Amended Item #5 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** RICHARD ELSWORTH WARD JR. 1310 1997 3 June /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO If Under 1 Year Months Days If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funeral** Birthplace (State or Foreign Country) Hours 1**™** M 2□ F 219-62-785145 Director 32 May 23,1965 Maryland Usual Residence of Decedent with the Maryland 10a. Slate 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2 ☑ No Director Maryland . Worcester Stockton 10e. Street end Numbe 10f. Zin Code 10g. Citizen of What Country? ŏ 238 5728 George Island Landing RD. permit. Pages 1 and 2 should be filed within 72 hours after death 1 Department of Haalth and Mental Hygiene. Important: If item 27 is merked other than "natural", or items 23s any injury or other traumatic event. Funeral 21864 USA 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Biack, White, etc. I ☐ Yes 2 🔯 No If Yes, Give Year or Dates: 1 Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: þ Specify 3 Widowed 4 Divorced White Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 Architect Architecture 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Be Richard Elsworth Ward Sr. Barbara 2 Adams 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Mr. & Mrs. Richard E. Ward/parents 5728 George Island Landing Rd., Stockton, MD 21864 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 1 ☐ Buriai 2 ØCremetion 3 ☐ Removal from State 4 ☐ Donalion 5 ☐ Other (Specify) Salisbury Crematory 6/5/97 Salisbury, MD 21. Signature on Funeral Service Licenses MOIOSI 22. Name and Address of Facility Holloway Funeral Home 501 Snow Hill Rd., Salisbury, MD 21804 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onsef end Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Due to (or es e consequence of) Examiner The law requiras that the death certificate be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in deeth) Last Due to (or es a consequence of): attending physician for use as the burial Division of Vital Records, P.O. Box 68760 Due to (or as a consequence of) been signed by the attendin should be detached for use Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 2 Unknown

Physician/Medical Completed by Be 2 Certification:

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death. aftar death

To the Hospital of within 24 hours at To the Funeral D

or Attending Physician:

Richard Wand

25. Was case referred to medical examiner? 1 ☐ Yes 20 No Hospital 1 Minpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 27. Menner of Death 5 Pending investigation 1 Natural 2 Accident

6 Could not be determined

Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury et Work?

1 ☐ Yes 2 ☐ No

28f. Location (Street and Number or Rural Route Number, City or Town, State)

24a. Was an eutopsy performed?

1 Yes

26. Place of Death (Check only one)

2 X NO

29e. Certifier (Check only one) 29b. Signature end title of certifie

29c. License number

29d. Date signed (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 1104 Healthway Dr. William Robins

31. Dete filed (Month, Day, Year)

3 ☐ Suicide

4 ☐ Homicide

JUN 06 1997

2. Registrar's Signature

DHMH 16 Rev 6/95

24b. Were eutopsy findings eveilable prior to completion of ceuse of death?

1 ☐ Yes 2 ☐ No

28d. Describe how injury occurred

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) end manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated.

Registrar

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath Month James Ivan White 05 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Emittaburg Frederick Catherine's Nunsing Center H Undar 1 Year If Under 24 Hrs. 8. Data of Birth Months Days Hours Min. Month, Day, 4 ug 14 6. Sax Yaar) 9. Birthpiace (State or Foreign Vinginia 7. Aga (In yrs. last birthday) 1 M M 2□ F 226-30-8310 68 Yrs. Usual Rasidance of Dacadant 10b County 10c. City, Town or Location 10d. Insida Cltv Limits 1 Ves 2 No Frederick Brunswick 10f. Zip Code 10g. Citizan of What Country? 212 K Street USA 21716 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☐ No If Yas, Give Year or Datas: Was Dacedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - Amaricen Indian, Riack White atc 1 ☐ Navar Married 2 ☑ Married White 1 Yas 2 No Specify. 3 ☐ Widowed 4 ☐ Divorced 15. Dacadant's Education 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry (Spacify only highast grade complated) Eiementary/Secondary (0-12) Coilega (1-4or 5+) CSX Railroad Switch Operator 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surname) Issac Jaspen White Clema Falls White 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Many Catherine White 20a. Mathod of Disposition 212 K Street, Brunswick, MD 21716 20b. Placa of Disposition (Nama of cematary, cramatory or other place) Data 20c. Location - City or Town, State MBuriai 2 Cramation 3 Ramoval from Stata Green Hill Cemetery 5/28 Bennyville, VA 4 ☐ Donation 5 ☐ Othar (Spacify) 21. Signature of Funeral Sarvica Licensee

Banbana H. Williams, Owner 22. Nama and Addrass of Facility

John T. Williams Funeral Home

100 Petensville Rd Brunswick MD 21716

23a. Part. Entar tha disaasa, or complications that caused tha death. Do not antar tha mode of dying, such as cardiac or raspiratory arrest,

Approximata 21. Signature of Funeral Sarvica Licensee Williams, Approximata Intarval Batween Onsat and Death hernia Part il. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contributa to the cause of death? 1 Yes A No 3 Probably 4 Unknown 24b. Wara autopsy findings availabla prior to complation of causa of daath? 24a. Was an autopsy parformad? 28. Piaca of Daath (Chack only ona) Other: 4 Nursing Homa 5 Rasidanca 6 Other (Specify) 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Tima of 28d. Dascribe how injury occurred

Physician /Medical Examiner

Physician

/Medical

Examiner

Funeral

Director

28a-f show

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Items 23a death

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Baltimore, Maryland 21215-0020

P.O. Box 68760.

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5. Social Sacurity Number

10a. Street and Number

Immediata Causa (Final diseasa or condition rasulting in death)

Saquentially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disaase or injury that initiated avants rasulting in death) Last

11. Marital Status

10a. State

Physician/Medical Completed Be 2

buriel-transit for use as signed by certificate has Medical Certification:

The law requires that the death certificate be executed filled in by the funeral director, page 2 should be To the Hospital or Attending Physician: within 24 hours after death.

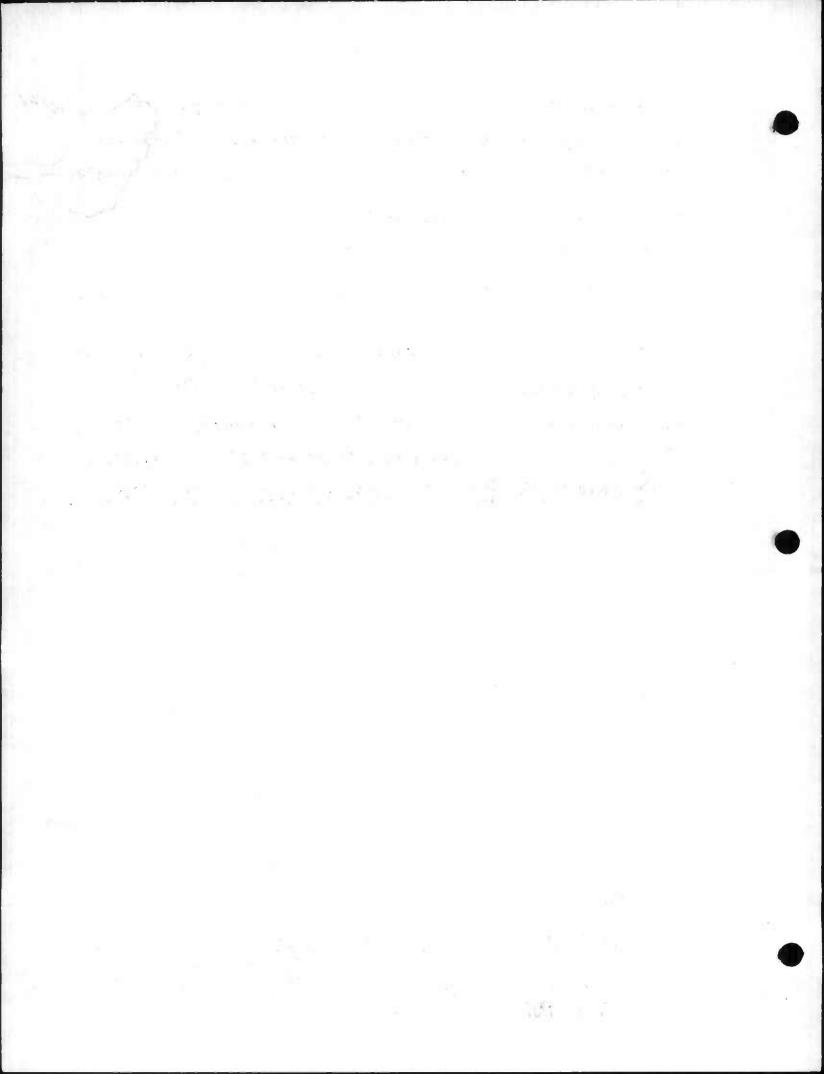
To the Funeral Director: After this certifical completely filled in by the funeral director; I

25. Was cesa rafarrad to medical axaminar? 1 Yes 2 No 27. Mannar of Death 28c. Injury at Work? 5 Panding investigation Natural 1 Yas 2 No 2 Accident 6 Could not be detarmined 3 Suicide 28a. Placa of Injury - At home, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homleide Certifying Phyaiclan: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basts of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Cartifler 29b. Signature and titla of cartifier

29d. Date signed (Month, Day, Year)

State Registrar



State of Maryland / Department of Health and Mental Hygiene 97 19324

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Med	(Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the end menner stated. 29b. Signature and title of certifier 29c. License number													Dey, Year			
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician JEAN** June WELSCH 1997 9:02 am 1 /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death Examiner 4c. County of Deeth Frederick Memorial Hospital Frederick Frederick 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) If Undar 1 Yaar If Undar 24 Hrs. 9. Birthplece (Stete or Foreign Country) Pennsylvania 8. Dete of Birth (Month, Dey Funeral Dey, Year) 1□ M 2X F Months Deys Yrs. 1948 162-40-0917 Director 48 Usual Residence of Decedent the Marylend 10e. Stete 10b. County 10c. City, Town or Location must be notified at 10d. Inside City Limits Frederick Frederick Maryland Director 11X Yes 2 □ No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21702 U.S.A. 1415 Key Parkway East Funeral Herne 12. Wes Decedant Evar In U,S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give Wes Decedent of Hispenic Origin? (Specify Yes or No If Yas, specify Cuben, Mexican, Puarto Rican, etc.) 14. Race - Amarican Indien, Bleck, White, etc. 11. Marltel Status the Medical Examiner filed within 72 hours eftar 1 Never Married 2 XMarried Baltimore, Maryland 21215-0020 b 1 ☐ Yes 2 No Specify: White p 3 ☐ Widowed 4 ☐ Divorced 'natural' Completed 15. Decedent's Education (Specify only highast grade completed) 16a. Decedent's Usuei Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Hygiene. Elementery/Secondery (0-12) Coilege (1-4or 5+) Homemaker Own Home other 17. Fether's Nema (First, Middle, Last) permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked oth any liqury or other traumatic event angle. 18. Mothar's Nama (First, Middla, Meiden Sumeme) Be William White Mary Moore 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Thomas J. Welsch/Husband 1415 Key Parkway East, Apt. B-4, Frederick, Md. 21702 20b. Plece of Disposition (Name of cemetery, crematory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Denetics 5 Other (Specify)

Abington Hill Cemetery June 5, 1997 South Abington Township Pennsylvania 21. Signature of Funeral Service Licensee 22. Name end Address of Facility Keeney & Basford P.A. Funeral Home 23a. Pert1. Enter the disease, or complications that daused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest,

Approximate

Approximate Approximate Intervel Between Onset and Deeth **Physician** Immediete Ceuse (Final disaasa or condition resulting In death) /Medical ATHEROSCIEROTC CUD Vrs **Examiner** Due to (or es e consequence of) Examiner The law requires that the death certificate be executed nding physician and use as the burial-tran Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseesa or Injury that Initiated events resulting in deeth) Lest Due to (or es e consequence of): Box 68760. Physician/Medicai Due to (or as e consequance of): 9SN for signed by tha el P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 2 No 3 Probably 4 ☐ Unknown Records. þ page 2 should 24b. Were eutopsy findings available prior to Completed 24a. Was en eutopsy performad? completion of cause of death? 2 No 1 Yas 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: Be 25. Wes case referred to medical 26. Place of Death (Check only one) 2 No 1 Yes Other: 4 ☐ Nursing Homa 5 ☐ Residence 6 ☐ Other (Specify) Certification: To 1 Inpatiant 2 ER/Outpetient 3 DOA Aftar this in by the funeral 27. Mennar of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Neturel 5 Pending investigation death. 1 ☐ Yes 2 ☐ No 2 Accident efter death 3 Suicide 6 Could not be 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide within 24 hours of To the Funeral I Hospital Cartifying Phyeician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner as steted.

Medicat Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, and due to the ceuse(s) end menner steted. Medicai 29e. Certifie completely (Check only one) the

29c. License number

D40307

1584 Opossumtown Pike, Frederick, Maryland 21702

29d. Dete signed (Month, Day, Year)

June 2, 1997

State Registrar 29b. Signature and tille of certifler

31. Dete filed (Mon)

asus

Eugené Casagrande, M.D.

30. Name and a dress of person who completed cause of deeth (Item 23e) (Type, Print)

32. Separation lands

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a structure		15.	Decadent's Edu	cation		16e. Decede	nt's Usuel Oc	cupation			16b. Kind of Bu		
- 6	Completed	(Specify of Elementery/Secondar	only highest gred	le com <i>pleted)</i> College (1-4or	54)	(Give ki	nd of work do O NOT use re	ne during most o tired)	working 4				
and Mental Hygiene. Is marked other than aumatic event, the M	NO.	12	., (0 (2)	College (1-40)	34)	Budge	et Ana	lyst		- 1	U.S Gov	ernme	nt
nd Mental Hygiene. marked other than imatic event, the M	Be	17. Fether's Neme (Firs	st, Middie, Last)					18. Mother's	Name (Firs		Aaiden Sumam		
Aent rked tice	To	Robert Rig	gs					Laura	Cambe 1	11			
h and Men 7 is marke traumatic		19a. Informant's Name/	/Relationship (T)	/pe, Print)		19b. Mailing	Address (Str	eet end Number	or Rural Rou	te Number	City or Town,	State, Zip (Code)
of Heall I Item 2 r other		Kenneth C. 1 20a. Method of Disposit 1 Buriel 2 Cr 4 Donation 5	tion remation 3 □F	Removal from State	C	ametary, creme	tion (Neme of story or other	plece)	Dat	ta 2	20c. Location -	City or Tow	Md 20882 m, State Maryland.
Important: If any injury o	, v	21. Signature of Ednera			, ,	01:	Name and Ad in L. 1	dress of Fecility 101eswor	th P.	A. Fu	ineral	Home	
physicia s the bur	fedical Examiner	disease or condition resulting in death) Sequentially list condition if any, leading to immedicause. Entar Underlyin Cause (Disease or injurthet initiated events resulting in deeth) Lest	ons, diate	a. Squamo	Due to (o	r es a conseque	ence of):	1 /h. C	ng				3 mm ths
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igned by the be detached	by Phys	Part II. Other significant	it conditions con	imbuting to death t	out not rest	urting in tha und	enying cause	given in Part I.		1 1	_		he cause of death
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cartificate rector, pe	Be	25. Was case raterred to examiner?						26. Place of	Death (Che	ck only one	e)		
p pis	2	1 Yas 2 No	H	lospital: 1 Inpati			3LI DUA		ng Home 5	Reside	nca 6 🗆 Othe	er (Specify)	
deeth. ctor: After t y the funera	Certification:	2 Accident	☐ Pending Investigetion ☐ Could not be	28a. Date of Inju (Month, Da	ny Year)	28b. Time of Injury	28c. Ir	njury at Vork? ☐ Yes 2 ☐ No		escribe ho	w Injury occurr	ed	
		4 Homicide	determined	28e. Placa of In building, e	c. (Specify	′)			Ci	ity or Town			
24 hours a Funeral L etely filled	edicai	29e. Certifier 1 (Check only 2 one)	Certifying Phys Medical Examin	ician: To the best ner: On the basis of	t examinet	wladge, death o ion end/or Inves	ccurred et the stigetion, in m	time, dete and p y opinion, death	laca, end du occurred at ti	e to the ce he time, da	use(s) and ma ite and plece, e	nnar as atal	ted. ha ceuse(s)
To the comple	Med	51.07		and manner st	ated.								
0 0		29b. Signature and title		wed_				ensa number		29	d. Date signed	(Month, De	ey, Year)
		How	(614	vede			DY	7791		J	une 10	, 1997	7
		30. Name end eddress o	ot person who co	mpleted cause of o	leeth (Item	23a) (Type, Pri	int)						
		David Hol					load, R	ockville	e, Mar	yland	20850)	
Stat	te	31. Date filed (Month, De	ey, Year)	32. Regist	ar's Signet	velsor Ron	~						

State of Maryland / Department of Health and Mental Hygiene Amended # 4C PG GC, 6/13/97

Certificate of Death

19327

	_	1. Decedant's Nama (First, Midd	la, Last)					2. Data of Da			of Death
hysician /Medicai	ī.	ARTHUI	2	0.		W	EST	Month	Day 7 /	997 12	:420
Examiner	ď	a. Facility Nama (If not institutio		•			4b. City, Town, or	Location of Deat	4c. County		
	4	WASHINGTON ADV 5. Social Sacurity Number			ast birthday)	If Undar 1 Yaar	Takoma if Undar 24 Hrs		Prine		
ineral rector		577-48-4936	1 VI M OF E	iga (<i>m yrs. u</i> il	Yrs.	Months Days			-36	9. Birthplaca (State Country) Washingt	
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al', or items 23a or 28a-f show Examiner must be notified at the Funeral Director			C							10d. Insida	as 2 No
or 28a-fall be notified Director	5	MD. Prince	ce Georges	4	Adelph:	1. 10f. Zlp Coda			10g. Citizen of V		
Sa or		1801 Metzero	ott Road			20783			U.S.		
iner must	5	11. Marital Status	12. Was Decedan	t Evar in U,S	S. 13. W	as Dacedant of	Hispanic Origin? (9	Specify Yas or No	- 14. Rac	e - Amarican Indian,	
Pur Pu		1 Navar Married 2 ☐ Marr		? No	111	Yas, specify Cub	oan, Maxican, Puai	to Rican, atc.)	Blac	ck, Whita, atc.	
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ent, the Me	2	Elamantary/Secondary (0-12)	Collega (1-4or	5+)					NI /A		
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EE		19e. Informant's Name/Ralations			19b. Mailing	Addrass (Stree	t end Number or R			Stete. Zin Coda)	
CA P		Vernon C. West/	Brother							oro, Md.	20774
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= 5		Donation 5 ☐ Other (S				n Vetera		6/16/97	Chelte	nham, Mar	vland
any injury	1	21. Signature unaral Sarvice	Licensaa	1	22.	Nama and Addra	ass of Facility			TRANCE TRANCE	Lario
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for use as the buriel-transit		Sequantially list conditions, if any, leading to immediate cause. Entar Undarlying	б.	Dua to (or	as a conseque	ence ol):					
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or use			d							1	
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should be detached should be detached leted by Physical leted by Physical leted by Physical leted by Physical leteral					7			24a. Was	an autopsy	24b. Wara autops	y findings
page 2 should	-							perfo	rmed?	available prio completion of of death?	r to f cause
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director, page		5. Was casa ralarrad to medical					28. Place of De	ath (Check only o		TO TAS 21	
8 1		axaminar? 1 ☐ Yes 2 ☑ No	Hospital:	ent 200 E	R/Outpatient	3 DOA Oth	har	Homa 5 Rasid		er (Specify)	
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State

Registrar

31. Data liled (Month, Day, Year)

JUN 13 1997

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ysicia: Iedica	_	Decedani's Name (First, Middle, Last CORA L. WATTS	S				2. Data of De Month June	10 Dey	Yaar	3. Time of Death $1:22 \;\; A.M$
amine	er	4a. Facility Name (If not institution, give HOLY CROSS HOSE				4b. City, Town, o Silver	r Location of Daat Spring		of Deeth gomery	
eral eter		5. Social Sacurity Number 423-30-4822 Usual Rasidence of Dacedant	ex 7. Aga (l/ □ M 2√2 F 78	n yrs. lest birthday) Yrs.	If Under 1 Yaar Months Days		n. (Month, De	rth a <i>y, Year)</i> 25, 191	9. Birthplac Country) 8 Evers	e (Stete or Foreig green, Ala
INC M	tor	10a. Stata 10b. County District of Col		C. City, Town or Loc	eation				10d.	Insida City Limit
	Director	10e. Sfreet end Number			10f. Zip Coda 2001	1		10g. Citizen of V		
DENEL P	by Funeral	508 Oglethorpe S 11. Maritel Status 1 Naver Marriad 2 Married 3 Wildowed 4 Divorced	12. Was Decedant Evan Armad Forces? 1 ☐ Yas 2 ☑ No If Yas, Give Yeer or Datas:	r in U,S. 13. W	/as Decedant of	Hispanic Origin? (pen, Mexicen, Pus	(Specify Yas or No arto Rican, etc.)	- 14. Rac	ca - Amarican ck, Whifa, atc.	Indian,
Ive Medical E	Completed	15. Decedant's Ed (Specify only highast gra- Elamantary/Secondary (0-12)	lucation	(Giva k lifa. D	O NOT usa retire	duning most of w	orking	16b. Kind of B	usiness/Indus	
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once.		19a. Informant's Neme/Relationship (7) Willie Paul Watts 20e. Mathod of Disposition	s - Son	1101	44th Pl	ace, S.	Rural Route Numb	er, City or Town,	D.C.	20019
eny injury or		1 Suriei 2 Cremetion 3 4 Donetion 5 Other (Specify	1)	Lincoln 1	Name end Addre	Cemeter	y 6/16/97	Suitl	land, M	
lan cal										
ner ounai-iransi	9	Immediata Cause (Final disassa or condition rasulting in death) Sequantially list conditions, if any, laeding to immediata causa. Entar Undarlying Causa (Disasse or Injury that initiated avents rasulting in death) Lasi	c	to (or as a consequence to (or a))).	ance of):	INFAR	2010~			Menuts
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DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene () Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** Adger 1015 GLADYS /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Bultimore 26 Unkrsik May land N/A If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 5. Sociel Security Number Sex 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** Months 1□M 20 F CAROLINA 213-20-4370 Yrs. Director MARCH 23, 1920 SOUTH Usuel Residence of Decedent the Marylend 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits "natural", or items 23s or 28s-f shordical Examiner must be notified at Yes 2□No Director NIA MARILLAND BALTIMORE CIT 10e. Street end Number 10f. Zip Code og. Citizen of Whet Country? deeth with 1037 OMBARD STREET 21223 Funeral USA. 11. Maritel Status 12. Was Decedent Ever In U,S Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. filed within 72 hours efter 1 Yes 2 No If Yes, Giva Year or Dates: 1 Never Married 2 Married 21215-0020 1 Yes 2 No Specify: þ Specify: BLACK 3 Widowed 4 □ Divorced Be Completed the Medical 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT usa ratired) 16b. Kind of Business/Industry Elamantary/Secondery (0-12) Hygiena. College (1-4or 5+) HOMEMAKER GRADE OWN Home 7 is marked other traumatic event, altimore, Maryland 17. Fether's Nema (First, Middle, Last) 18. Mother's Nama (First, Middla, Maiden Sumeme) . Pages 1 and 2 should be fill timent of Health end Mental H tant: If item 27 is marked oth jury or other traumatic even STEVENSON JAMES ORA EDWARDS 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stete, Zip Code) ce of Disposition (Name of Dete 200. Location - City or fown, Stete LONZETTA PLANTER (DAUGHTER) 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 1X Burial 2 ☐ Cremetion 3 ☐ Removel from Stete permit. Page Department of Important: If eny injury or -27-97 BALTIHORE, M.D. 5 Other (Specify) MT. ZION CEMETERY 21. Sign of Aunaral Service Licensee JOSEPH H. BROWN JR. FUNERAL HOME, P. A. 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest,

Approximate

Approximate Approximete Interval Between Onset and Death **Physician** /Medicai Immediate Cause (Finel teriarditis diseesa or condition rasulting in death) Examiner Due to (or es e consequence of): Physician/Medical Examiner Renal Failure The lew requires that the death certificate be assouted physician end s the burial-tran Sequentially list conditions, if eny, laading to immediate ceuse. Entar Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or es a consequence of) Box 68760. Due to (or es e consequence of) 88 use P.O. Pert II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably Unknown signed b Records. by paga 2 should 24b. Were autopsy findings evailable prior to completion of ceuse of daath? Completed 24a. Wes en autopsy performed? cartificate 200 1 ☐ Yes 2 ☐ No Division of Vital director. Be 25. Wes cese referred to medical 26. Pleca of Death (Check only one) Other: 4 Nursing Home 5 Residance 6 Othar (Specify) 1 Yas 2 No 2 npatient 2 ER/Outpatient 3 DOA this 27. Manner of Deeth Deta of Injury (Month, Day Year) 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how injury occurred After 1 Naturel 2 Accident 5 Pending Investigation Attendi 1 Yes 2 No death aftar death 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) À 4 I Homicide within 24 hours a Hospital 29a. Certifier 1) Cortifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es stated.

2 Medical Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred et the time, date and plece, end due to the ceuse(s) end menner stated. Medical completely (Check only one) \$ 29b. Signeture end titla of certifier 29c. License number 29d. Date signed (Month, Day, Year) 10221

State Registrar JAMES WANG

JUN 2 5 1997

31. Dete filed (Month, Day, Year,

30. Neme and address of person who complated ceuse of deeth (Itam 23a) (Type, Print) 225 Greene Street 2. Redistrates Signatural Condage

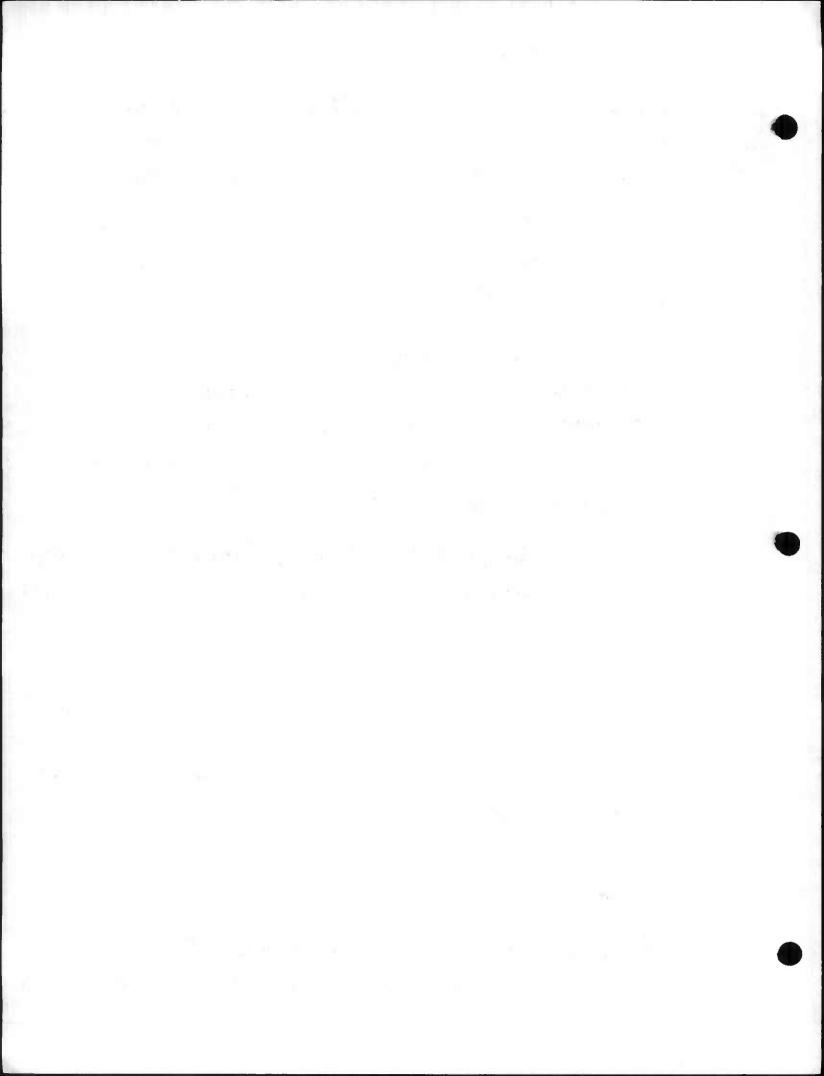
BALTIMORE, MD. 2120

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State of Maryland / Department of Health and Mental Hygiene

						Ce	rtificate o	f Death		Reg. No.			
hysician	ľ	Decedent's Nem		e, Last)			Ac	Son	2. Dete of De Month JUNE	Dey	Yeer 1997	3. Time of Death	
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be notified at Director	1	Oa. Stete	10b. County		10c. C	ity, Town or Lo	ocation					IOd. Inside City Limit	8
İ		MD		N/A			BAI	OT				TYPY Yes 2□N	0
Director	1	0e. Street end Nu	mber				10f. Zip Code			10g. Citizen of	Whet Cou	ntry?	_
		201 N	TATACUTA	NGTON S	m			21231		TT 0			
Funeral	1	1. Maritet Status	MYSUII	12. Was De	cedent Ever in I	J,S. 13.	Wes Decedent of	f Hispanic Origin? (uben, Mexicen, Pue	Specify Yes or No	o- 14. Ra	ce - Americ	cen tridien,	
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I S		3 ☐ Sulcide 4 ☐ Homicide	6 Could r	not be ined 28e. Plea	ce of tnjury - At h	nome, farm, st	eet, fectory, offic	8	28f. Location	(Street end Num	ber or Run	al Route Number,	Т
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DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 9331 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death Month **Physician** 1997 22, George C. Azzaro, Sr. June 11:30 AM /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 8800 Walther Blvd. Unit#3116 Baltimore Baltimore 8. Date of Birth (Month, Day, Year)
Dec. 23, 1912 If Under 1 Year if Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** 1**∑** M 2□ F Days Delaware 85 215-03-9421 Yrs. Director Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Madical Examinar must be notified at 1 Yas 2 No Maryland Baltimore Baltimore Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 8800 Walther Blvd., Unit #3116 21234 U.S.A. Funeral 12. Was Decedant Ever in U,S. Armed Forces? 1 Å Yas 2 □ No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American Indian, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mantal Hygiana. Insportant: If flem 27 is marked other than "natural", or fles any injury or other traumatic event. 1 Never Married 2 Married Saltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: White þ 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Etementary/Secondary (0-12) College (1-4or 5+) Tailor Clothing 8th grade 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Carmella (Surname Unknown) Corado Azzaro 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mary J. Carpenter (niece) 4109 Klausmier Rd., Baltimore, MD 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cramation 3 ☐ Removal from Stata
4 ☐ Donation 5 ☐ XOther (Specify) Entombment 6/25/97 Parkwood Mausoleum Baltimore. Maryland 22. Name and Address of Facility
Schimunek Funeral Homes, Inc. 21. Signature of Funeral Service Licensee 9705 Belair Rd., Baltimore, MD 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest shock, or heer feilure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical Immediate Ceuse (Final disaasa or condition resulting in death) wears 12 chemic Examiner Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Physician/Medical Due to (or as a consequence of): Bo Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. 1 Yes 2 No 3 Probably Unknown þ 24e. Was an autopsy performed? 24b. Were autopsy findings available prior to Completed completion of cause of death? 1 ☐ Yes 2 ☐ No certificate 25. Wes cese referred to medical examiner? Be 26. Place of Deeth (Check only one) Hospital: Other: 4 Nursing Homa 5 Rasidence 6 Other (Specify) 1 Yes 2□ No P 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funerai 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28d. Describe how injury occurred 28b. Time of Injury 28c. Injury at Work? Certification: After 5 Pending investigation To the Hospital or Attending within 24 hours after death. To the Funeral Director: After AdNeturel 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Straet and Number or Rural Routa Number, City or Town, State) 28e. Place of Injury - At home, farm, straet, factory, offica building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred et the time, date end plece, end due to the cause(s) and manner as stated.

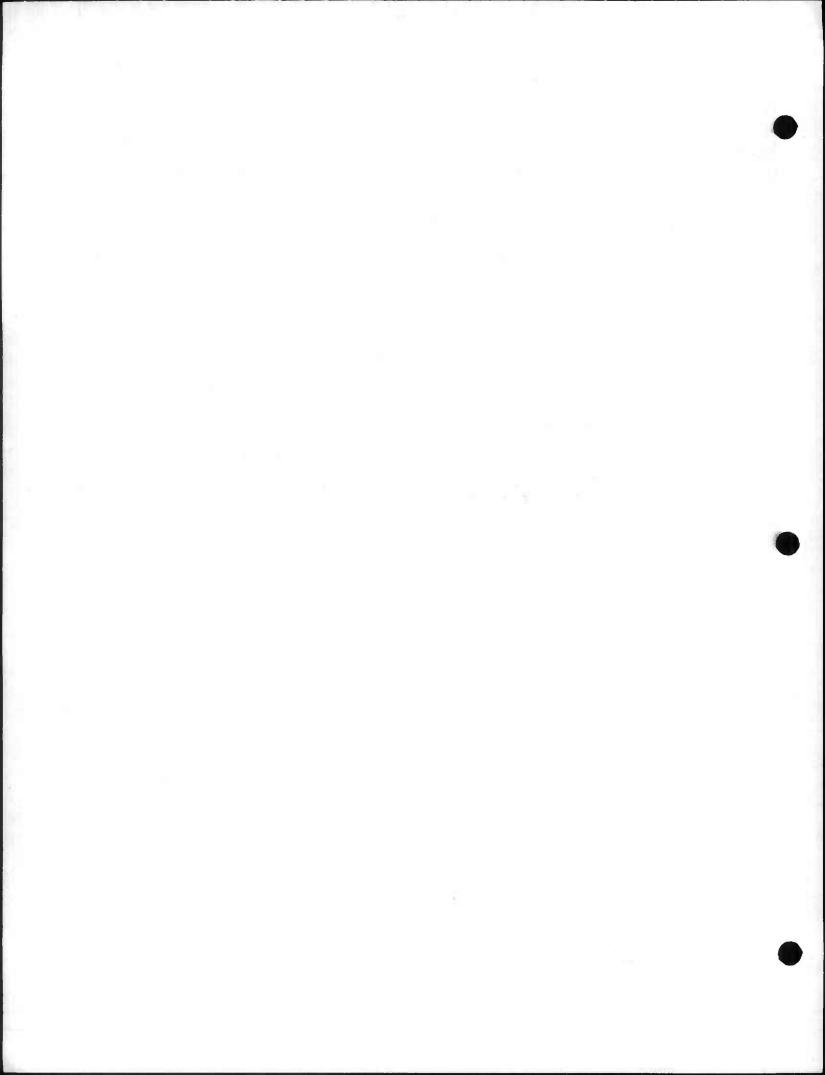
Madical Examiner: On the best of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the ceuse(s) and manner stated. (Check only one) 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier movan 30 Name end eddress of person who completed ceuse of death (Item 23a) (Type, Print) 1. CROSSIAN O'DON OVAN, M.D. 2 DUNDALK AUF. DONOVAN 2112 32. Registrar's Signature 31. Date filed (Month, Day, Year) while Davidson

DHMH 16 Rev 6/95

Registrar

JUN 2 5 1997

		Decedent's Nama (First, Middle, I	Last)	Cer	tificate of	Death	2. Data of Dea			9 3 3 2 3. Time of Death	
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xamir	ier	4a. Facility Name (If not institution, g	Mary land			By Itim	Location of Death	4c. County	N/A		
neral			3. Sex 7. Aga (n yrs. last birthday)	If Under 1 Year	If Undar 24 Hr	s. 8. Date of Birth) Voor!	9. Birthplace	a (State or Forei	
ector		216-32-4198	1□ MX2N F 85	Yrs.	Months Days	Hours Mir	Oct. 2,		Maryla Maryla		
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Pell	tor	Maryland Baltimo	ore	Arbutus						1 ☐ Yas 2 ☐ N	
e rot	Director	10e. Street and Number			10f. ZIp Code			10g. Citizen of	What Country	7	
Age C		3300 Benson Avenu			21227			nited S			
any injury or other traumatic event, the Medical Examiner must be notified at pince.	by Funeral	11. Marital Status 1 □ Never Married 2 □ Married XXWidowed 4 □ Divorced	12. Was Decedent Eve Armed Forcas? d □ Yes ※XNo tf Yes, Give Year or Dates:	tf	Vas Decedent of I f Yes, specify Cub I □ Yes XXNo	dispanic Origin? (an, Maxican, Pue Specify:	Specify Yas or No- rto Rican, etc.)	14. Rad Bia Specif	ca - American ck, Whita, etc. y: Whit		
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Mend	Completed	Elementary/Secondery (0-12)	College (1-4or 5+)	life. D	kind of work dona OO NOT use retire	d) most or we	orking				
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A .	o Be	William Kirschke	***				uenzing	Malderi Surneti	ne/		
Dam.	P	19a. Informent's Name/Relationship		19b. Mailin	g Address (Street		Rurel Route Numbe	r, City or Town	, State, Zip Co	ide)	
er tra		Constance Davis	(daughter)	1209	Brandfor	rd Road,	Catonsvi	lle, Mo	2122	8	
e of		20a. Method of Disposition 1 ☑ Burlal 2 ☐ Cremation 3		20b. Placa of Dispos			Date	20c. Location		, State	
land		4 □ Donation 5 □ Other (Spec	cify)	restlawn			1				
once.		21. Signature of Funeral Service / io	A 1 0	Gar	Name and Addre	ess of Facility afman Fur	neral Hom	e at Me	eadowri	dge Mer	
		Brian T. Chickon	22. Name and Address of Facility Gary L. Kaufman Funeral Home at Meadowridge Mem Park, Inc. 7250 Washington Blvd. Elkridge, MD or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, interval Between interval Between								
cian lical liner	Jer	Immediate Cause (Final disease or condition resulting in death)	a. Myoc	e to (or as a consequent	Inforction	~					
the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	Du	e to (or as a consequ							
as the b	edicai	that initiated events resulting in daath) Last	C. Dui	to (or as a consequ							
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e i	ertification:	3 Suicide 6 Could not determine			eet, fectory, offica		28f. Location (S City or Tow	itreet and Numi n, State)	ber or Rural R	oute Number,	
d in by file fune		29a. Certifier 1 Certifying F	Physician: To the best of maminar: On the basis of ex	occurred at the ti restigation, in my o	ma, dete and place opinion, death occ	ca, end due to the courred at the time, of	ause(s) and make,	anner as state end due to the	d. e cause(s)		
letaly filled in by ffill funa	dicaic	(Check only 2 Medical Expone)							the time, date and place, end due to the cause(s) 29d. Date signed (Month, Day, Year)		
completely filled in by the Tune	Medical C	(Check only 2 Medical Ext	and manner stated		29c. Licans	sa number	2	29d. Date signe	ed (Month, Day	, Year)	
completely filled in by the Tune	edicai	(Check only 2 Medical Expone)	and manner stated			sa number	2	29d. Date signe	id (Month, Da)	r, Year)	
completely filled in by fills fune	edicai	(Check only 2 Medical Expone)	no completed cause of deat	n (Item 23e) (Type, F	Pic		3	6/2	1	/, Year)	



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death **Physician** Month 0015e /Medical JULKE 4b. City, Town, or Location of Death 4a. Facility Nama (If not institution, give street and number) 4c. County of Death Examiner 6601 NORTH Charles St. Center Baltimore Baltimore If Undar 1 Yaar Months Days Hours Min. 8. Date of Birth (Month, Dey, 5. Social Security Number 9. Birthplace (Stete or Foreign Country) Marykand 6. Sex 7. Aga (In yrs. lest birthday) **Funeral** 10 M 20 F 7 8 Yrs 212-03-2185 Director Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits ral", or itams 23a or 28a-f ahow Examiner must be notified at 1 Yes 2 No Director Maruland Baltimore Reisterstown 10e. Street and Numbar 10f. Zlp Code 10g. Citizen of What Country? 203 Butler Road U. S. A. 21136 Pages 1 and 2 should be filed within 72 hours after death nearl of Heath and Mahall Hygiene.

This is marked other than "natural", or items 23. The contract results in the structural or other traumatic event, the Meucal Examine must ray or other traumatic event, the Meucal Examine must Funeral 12. Was Dacedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 0 No If Yes, Give Year or Dates: 14. Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: þ 3 Widowed 4 □ Divorced Specify: White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 8th Grade Homemaker Own Home. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Charles Filling Clara Baker 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Linda Smerowski (Daughter) 5435 Cynthia Terrace, Baltimore, Maryland 21206 20a. Method of Disposition 20b. Place of Disposition (Nema of cemetery, cremetory or other plece) 20c. Location - City or Town, State permit. Pages Department of Important: If It any injury or or 1 Burial 2 □ Cremation 3 □ Removal from Steta 4 ☐ Donation 5 ☐ Other (Specify) Loudon Park 6/24/97 Baltimore. Maryland 22. Name and Address of Facility
Schimunek Funeral Home Inc. 21. Signature of Funeral Service Licenses 3331 Brehms Lane, Baltimore, Maryland 21213 23a. Part1. Entar the disastal or complications that caused the death. Do not antar the mode of dying, such as cardiac or raspiratory arrast, shock, or heert fellure. List only one ceuse on each line. **Physician** /Medical Immediate Cause (Final disaasa or condition resulting In death) chronic respiratory Leav Examiner Physician/Medical Examine obstructive lung disense Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting In death) Last Due to (or as a consequence of): Due to (or as a consequenca of): or Attending Physician: The law requires that the death certificals P.O. Box 687 ate has been signed by the attendin page 2 should be detached for use. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown restriction Secondary To osteoporosis Records, Completed by 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? congestive heart failve 1 Yes 2 No 1 ☐ Yas 2 ☐ No Division of Vital 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpetient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Rasidence 6 Other (Specify) 1 Yes 2 No Certification: To 27. Menner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Natural 5 ☐ Pending To the Hospital or Attendir within 24 hours after death. To the Funeral Director: Al None Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Straet end Number or Rural Route Number, City or Town, Stete) 4 Homicide 29a. Certifier (Check only one) 1 Certifying Physicien: To the best of my knowledge, deeth occurred at the time, dete and piece, end due to the cause(s) end menner es steted.

2 Medical Examiner: On the bests of exeminetion end/or investigation, in my opinion, deeth occurred at the time, dete and place, end due to the cause(s) and manner stated. Medical 29b. Signatura and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) June 21, 1997 30. Name end address of person who completed cause of death them 23a) (Type, Print) W.A. Riley N. Clurles St. Balto md GBME 6701 31. Dete filed (Month, Dey, Yeer) 32. Registrar's Signature State while Davidson Randall

DHMH 16 Rev 6/95

Registrar

JUN 25 1997

State of Maryland / Department of Health and Mental Hygiene

19334

					Cei	tificate of	f Death			Reg. No.	,	12	00.
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Examine		4e. Fecility Neme (If not institution	n, give street and n	number)					cation of Deat	h 4c. Count	y of Death		
		9208 Ravenwo	ood Road				Balti				utim	ore	
Funeral		5. Social Security Number	6. Sex 1 ☐ M 2 💢 F	7. Age (In yrs. le		If Under 1 Yee Months Dev		24 Hrs. Min.	8. Date of Bi (Month, Di	rth ay, Year)	9. Birth	place (State intry) , emua	e or Fore
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	20	John	Hull	а			Mar	ie		Svoboda			
th and Men 7 Is marke trsumatic		19a. Informant's Name/Relations	ship (Type, Print)		19b. Mailir	g Address (Stre	et and Numbe	r or Rura	l Route Numb	er, City or Town	, Stata, Zij	p Coda)	
ロボペド		William H. Be	elbot (s	on)	920	8 Raveni	vood Ra	l E	Baltimo	re, MD	2123	37	
of Healt of Healt Item 2 r other		20a. Method of Disposition		0.0	ace of Dispo	sition (Name of natory or other p			Date	20c. Location		own, State	
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permit. Pages Depertment of Important: If I any Injury or ance.		21. Signature of Funeral Service	Licensee			. Name end Add							
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Physician		shock, or heart failure. List	only ona causa on	n aach iina.								intarvai E Onset en	letween id Death
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Examiner		disease or condition resulting in death)	a	NGES Due to (or	31 1 0	C /	LIII	-	MIC	LUICE			-
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requires thet the death of the signed by the attenchould be detached for us	by Physician	CHRONI	C RE	1141	FA	HUP			10	Yes 2 No	3 Pro	obably 4	Unkn
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ate has page 2	Ē								10	Yes 2 No	1	☐ Yes 2	□ No
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er thi		27. Manner of Death		e of injury onth, Day Year)	28b. Time of	28c. inj				how injury occu	rred	**	
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or Attending efter death. Director: After I in by the fune		3 ☐ Suicide 6 ☐ Could 4 ☐ Homicide determ	nined 208. Piet	ce of injury - At hor	ne, farm, str	eat, factory, offic	0	2	28f. Location	(Street and Num	ber or Rur	ral Route N	umber,
s efter	Certification:	4 Hollicide	Duii	lding, etc. (Specify)					Chy or re	Wil, State)			
Hospi 24 hou Funer Funer stely fil	edical	29a. Certifier (Check only one) 1 Certifyii 2 Medical	ng Phyaician: To th Examiner: On the	basis of axamination	riadga, daath on end/or inv	occurred at tha restigation, in my	time, data and opinion, deat	d piace, a	and dua to tha	causa(s) and m	anner as	stated. to the cause	a(s)
within 2 within 2 To the comple	ğ Z	29b. Signature end title of cartifie		anner stated.		29c. Lice	nse number			29d. Date signe	ed (Month	Dav. Year	()
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VI		30. Nama and address of person	who complated car	use of death (kem		-			~		1	1d 4- m	. 1 . 1
4		JOYCE E.	C1129	MU TIC		MKUV	1 20C	XFX	DK.	205 t	MY	IMORS	MI
State		31. Dete flied (Month, Day, Year, JUN 25	1997	Ragistrar's Signate	ure							21	23
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DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 97 19335

					Certifica	te of	Death		R	eg. No.		12000
Physic /Medi		1. Decedant's Nama (First, Middle, Last Roberta Lee	D	ino					2. Data of Deat Month June	h Day	Yaer 1997	3. Tima of Death 8:10 Am
Exami		4a. Facility Nama (If not institution, giva		0					cation of Deeth	4c. Count		
		Gilchrist Center		-				Tows			ltimo	re
Funeral Director		5. Social Sacurity Number 6. Sa 219-42-0576 1D Usual Rasidanca of Dacedent	7. Aga ((In yrs. last bir 2	Yrs. If Unday Months	Days	If Undar Hours	24 Hrs. Min.	8. Date of Birth (Month, Day, Dec. 14,	Year) 1944	9. Birthp Coun Mar	laca (State or Foraign try) YLand
Maryland a-f show	tor	100. Stata 10b. County Maryland Baltimo		Oc. City, Tow		Balt	imore				1	0d. Insida City Limits 1 □ Yas 2 🛣 No
th with the 23a or 28	al Director	100. Straat and Number 3802 Link Avenu	e		10f. Z	p Coda	21236		1	Og. Citizen of		itry?
permit. Pages 1 and 2 should be filled within 72 hours after death with the Maryland Department of Health end Mental Hygiene. Important: if item 27 is marked other than "naturs!", or items 23a or 28a-f show simportant: if item 27 is marked other than "naturs!" or items 23a or 28a-f show any injury or other traumatic event, or Modroal Evantine must be not fled at once.	by Funeral	11. Marital Status 1 Naver Marriad 2 Married 3 Widowed 4 Divorced	12. Was Dacadent Eve Armed Forces? 1 ☐ Yas 2 ☐ No If Yes, Giva Year or Datas:		13. Was Dace If Yes, spo		lispanic Orlan, Maxican Specify:	gin? (Spe n, Puarto	ecify Yes or No- Rican, atc.)		ce - Amaric ick, Whita, fy: W	
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and 2 sh ealth end n 27 is m		19a. Informent's Name/Ralationship (Ty Edward J. Brunno	(husband)		3802 Li	nk A			l Routa Number, Etimore,			Coda)
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ment:		4 ☐ Donation 5 ☐ Othar (Specify)	Sinoral Iron Olala	Meado	wridge	Memo)	rial I	Parke	5/23/97	Baltim	ore,	Maryland
Departimondi importi any in		21. Signetura of Funaral Service License	ae		Schu 9705	nunel	r Fune	eral	Homes, Baltimor	Inc.	2123	6
Physician		23e. Pert1. Entar tha disaasa, or compli shock, or haart failura. List only or	cations that caused the na causa on aach lina.	a daath. Do r	not entar tha mo	de of dyir	ng, such as	cardiac c	or respiratory arra	ist,		Approximete Intervel Between Onsat end Death
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0 0 0	Physiciar	Part ti. Othar afgnificant conditione con	tributing to death but n	not resulting In	tha undarlying	ausa giv	an in Part I.		23b. Did to	bacco uee co	ntribute to	the cause of death?
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al or Attendir s efter death. i Director: Af ed in by the fu	Certification:	3 Sulcida 6 Could not ba 4 Homlolda datarmined	28e. Place of Injury building, atc. (S	- At homa, fai Specify)	rm, straat, factor	y, office		2	28f. Location (Str City or Town	eat a <i>nd N</i> um! , Steta)	ber or Rure	Routa Number,
To the Hospital or A within 24 hours efter To the Funersi Dire completely filled in b	edical (29a. Cartifiar (Check only one) Cartifying Phys	Icfan: To the best of mer: On the basis of axiand manner stetad	aminetion end	, daath occurred I/or invastigation	at the tin	ne, data and pinlon, daat	d placa, a	and due to the ca ed et the time, da	usa(s) and ma te end place,	anner as st and due to	eted. tha causa(s)
To th Within To th comp	Me	29b. Signature end title of certifier	(my P)	ley,			e number			od. Dete signe		
12		30. Nama and address of parson who co	mpletes cause of death		Type, Print)	arl.	CH.		3nlto.	MJ	21	204
Sta		31. Dete filed (Month, Day, Yaar)	32. Registrar's	Signatura	V. C A.	TIP IC,	ر د		775 - [0,	1 - 4		~ /

Registrar

JUN 25 1997 Julie Devidson Randelle

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3. Time of Deeth Month Dey **Physician** BETTY JANE BRICKER JUN 804 Am 23 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Locetion of Deeth 4c. County of Deeth **Examiner** ST. AGNES Hospital BALTINER 8. Date of Birth (Month, Dey, Yeer) NOV 16, 1922 If Under 1 Year if Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplece (State or Foreign **Funeral** Deys 1 M 2 F Months Hours Min. 206-16-2243 74 Director PENNSYLVANIA Usuel Residence of Decedent the Manyland 10a. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits 28a-f show item 27 is marked other than "natural", or items 23a or 28a-f show other traumetic event, tra Medical Examinar must be notified at Director ty Yes 2 No MD N/A BALTIMORE 10e, Street end Number 10f. Zip Code 10g. Citizen of Whet Country? items 23a 1042 PINE HEIGHTS AVENUE 21229 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14 Rece - American Indien Bleck, White, etc. filed within 72 hours after 1 Never Married 2 Married 1 ☐ Yes 2X No If Yes, Give Baltimore, Maryland 21215-0020 natural', or 1 Yes 2 No Specify: f Yes, Give Yeer or Dates: þ Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Il Hygiene. Elementery/Secondary (0-12) 8TH GRADE College (1-4or 5+) HOMEMAKER HOMEMAKING 17. Fether's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Sumeme) 12 should be fill and Mental H Be UNKNOWN CATHERINE MAE NICHOLS 10 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) permit. Pages 1 end 2 sh Department of Health end important: If item 27 is m any injury or other traun LESTER BRICKER (HUSBAND) 1042 PINE HEIGHTS AVENUE - BALTIMORE, MD 21229 20b. Plece of Disposition (Neme of 20e. Method of Disposition Dete 20c. Location - City or Town, Stete cemetery, cremetory or other place) 1 ⊠ Buriel 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) WOODLAWN CEMETERY 6/26/97 BALTIMORE re of Funeral Service Licensee 22. Name end Address of Facility HUBBARD FUNERAL HOME INC. anno 4107 WILKENS AVENUE-BALTIMORE, MD 21229 234. Print. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, puck, or hear failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth Physician Immediate Ceuse (Final diseese or condition resulting in deeth) /Medical PNEURONIA Examiner Due to (or es e consequence of): Physician/Medical Examiner the death certificete be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in deeth) Last attending physician end for use es the bunal-trer Due to (or es e consequenca of): NAME BRICKER JANE BRICKER Division of Vital Records, P.O. Box 68760, Due to (or as e consequence of): Pert II. Other afgnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? He art Failure Congestive 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown þ 24e. Wes en eutopsy performed? 24b. Were eutopsy findings eveilable prior to completion of ceuse of deeth? Completed Stroke 2 No 1∏ Yes 1 ☐ Yes 2 ☑ No or Attending Physician: funeral director, 25. Wes cese referred to medicel exeminer? Be 26. Place of Deeth (Check only one) Hospitel: 1 ☑ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Yes 2 ☑ No 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of Certification: 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending Investigation 1 Neturel MA death. 1 Yes 2 No 2 Accident s efter death 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) filled in by 4 Homlcide 24 hours e Hospital 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) and menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner stated. Medicai 29a. Certifier (Check only one) To the vithin 2
To the complet 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Dev. Yeer) 024781 Clares Kkelang 30. Name end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print) CHARLES F. ORALAM or mg 716 masocr CHOICE LAIR 5306 BALANGE NO 4228

DHMH 16 Rev 6/95

State

Registrar

31. Dete filed (Month, Dey, Year)

JUN 25 1997

Registrer's Signeture

. CL	EG	G Item17 6-25-97 Film	State of Maryla nG748 W.H.Per F/I		ent of Health and ate of Death		ene 9	7 1933	37
L. L.		1. Decedent's Neme (First, Middle, Las	t)			2. Dete of Deeth		3. Time of	Death
Physici /Medi		DANIEL		\mathcal{C}	LEGG	JUNE 2	Day 2997	Yeer 11:0	6 AN
Examir		4e. Fecility Neme (If not institution, give		_	The second second second	r Location of Deeth	4c. County	of Deeth	
		5. Social Security Number 6. Se	PATOGA S	TREET i. last birthday) If Unit	Der 1 Yeer If Under 24 H	MORE		NIA	
Funeral Director		3.5-28-5457 Usuet Residence of Decedent	M 2□ F 7. Age (In yrs	Month			932	9. Birthpleca (State of Country) NORTH CAN	COLINI
H show		10a. Stete 10b. County	1	city, Town or Location				10d. inside Ci	
28a-f sh notified	Funeral Director	7 17 17 79 12 794	1/A		SALTIMOR			1X Yes	2 No
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PRODUCTION.	F	1X Never Merried 2 Married	Armed Forces? 1 ☐ Yes 2 No		cedent of Hispenic Origin? pecify Cuben, Mexican, Pu	erto Rican, etc.)		k, White, etc.	
	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates:	1 ☐ Yes	2 No Specify:		Specify:	BLACK	
	Completed	15. Decedent's Edi (Specify only highest gred	ucation de completed)	18e. Decedent's U	suel Occupetion work done during most of w "use retired)	vorkina 16	b. Kind of Bu	siness/Industry	
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	To	19a. Informent's Name/Relationship (T	iype, Print)	C LEGO	S CALL ess (Street end Number or			HROUD State, Zip Code)	
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		20e. Method of Disposition	20b.	Plece of Disposition (A	Verne of	Dete 20	c. Location	, HD. 2/2 City or Town, Stete	/_
5		1 Buriel 2 □ Cremetion 3 □ I 4 □ Donetion 5 □ Other (Specify,	Removel from Stete			6-26-97	SAIT	HADE NAK	VI A-AII
any Injury once.		21. Signatore of Joneral Service Licens	see O	22. Name	EMETERY end Address of Fecility EPH H. BA N. FULTON	TO	FUNC	POL Har	A E
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ian		Shock, or neer railure. List only o	me ceuse on each line.					Onset end I	veen Death
cal ner		Immediate Cause (Final disease or condition	Arteriosc	lerotic C	ardiovascu	lar Dise	ase	5/1	
G!	_	resulting in death)	Due to	(or es e consequenca d	of):				-
	Examiner		b						
	xan	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying	Due to	(or es e consequence o	f):				
	cal	Cause (Diseese or injury that initieted events	C		Λ.				
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١	icla	Pert II. Other algnificant conditions co	ntributing to death but not re	sulting in the underlying	cause given in Pert !	23b. Did tob	acco usa con	tribute to the cause of	f death?
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	Certification:	4 ☐ Homicide determined	28e. Place of injury - At I building, etc. (Spec	nome, ferm, street, fect ify)	ory, office	City or Town,	et and Numbe Stete)	er or Rural Route Num	Der,
	edical C	29a. Certifier 1 Certifying Phy (Check only one) 2 Madical Exami	sicien: To the best of my kn iner: On the basis of examin end menner stated.	owledge, death occurre ation end/or investigati	ed et the time, dete end ple on, in my opinion, deeth oc	ce, end due to the cau curred et the time, date	se(s) end mer e end place, a	nner es steted. Ind due to the cause(s)
completely filled in by the funeral	Me	29b. Signature end title of certifier	end mermer stated.	12	29c. License number	290	I. Date signed	(Month, Day, Year)	
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		30 Name and address of account	v v v v v v v v v v v v v v v v v v v	5 MU	O.C.M.E.	J	ONE Z	L, 177/	
2		30. Name and address of person who of Stephen Radentz	umpleted cause of deeth (Ne	m ∠sa) (Type, Print) Donn C+3	reet Ralti	more Ma	rvlan	d 21201	
Sta	te	31. Determent Marit Danna	Grand Davidson	Handelle.	.ccc, Dares				
old Dogietr		31. Deterun 2"5" 1997		-					

Registrar

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

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Director				21	Yrs.	Months De	ys Hours Min	JAN 13	y, Year)		lece (Stete or Foreign try) MD	
у.	Usuel	Residence of Decedent		40.00	-							
anylas anylas d at	10a. S			10c. Cit	ty, Town or Lo	cation				11	Od. Insida City Limits	
or 28a-f sho be notified at Director	1	MD N?A				BALTO					Yes 2□No	
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or of the last	H	lethod of Disposition □ Burial 2 □ Cremetion 3 [Removel from Stete		emetery, cram	sition (Neme of netory or othar	niece)	JUNE 24	20c. Location	n - City or To	wn, Stete	
Baltimore, permit. Pages 1 at Department of Hea Important: if Ihem; any Injury or other once.	41	Donetion 5 Other (Speci	fy)		TIMOR	E CEM			BALTO	, MD		
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20240		f alrecio	- 17	U	1	129 N.	CAROLIN	VE ST B	ALTO,		1213	
	23e. F	Pert1. Enter the disease, or conshock, or heart feilure. List only	pilcetions thet cause ona cause on each	d the deat	h. Do not ente	er the mode of	dying, such es cerdie	c or respiretory er	rest,		Approximete Intarval Between	
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2 Puris 2 00	Ceuse Ceusa	. Enter Underlying (Olsaase or Injury itieted events	C							į		
687 flicata g phys as the		ng in daath) Lest		Due to (o	r es e consequ	uence of):						
P.O. Box 6 that the death certific ed by the attending p detached for use as			d						_			
Beath death death death death	Pert II	Other eignificant conditions	contributing to death	but not rec	ulting in the un	dedving cours	given in Part I	23h Did t	obacco usa	ontribute to	the cause of death?	
P.O nat the d by the detache		ottal organicati conditions	contributing to date.	out not res	uning in the un	idenyang ceuse	given in Fatti.		Yas 2 No		V	
I Records, P.O. Box 68 The law requires that the death certific ate has been signed by the attending p page 2 should be detached for use as Completed by Physiclan/Mec								•	20140	0_110	A CHARLET	
Division of Vital Records, or Attending Physician: The law requires the affect death. Objector: Affect this certificate has been signed in by the funeral director, page 2 should be certification: To Be Completed by								24e. Wes	en eutopsy		are autopsy findings elleble prior to	
w requ	-							репо	rmed?	CON	mpletion of ceuse deeth?	
A Record The law requir								1.0	res 2□No		Yes 2□ No	
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Vision of Vita Attending Physician: Archard. After this certific by the funeral director, Iffication: To Be (exi	aminar? XYes 2⊡ No	Hospital:	ient 2 🖺	ÆR/Outpetien	3 DOA	Other:	Home 5 ☐ Resid	_	ther (Snecif	v)	
Physical Physical Persons In: T	27. Ma	nnar of Death	28e. Dete of Ini	ury	28b. Time of		njury et Nork?	28d. Dascribe I			,	
ion nding I ath. :: After se funer	1 2	Neturel 5 ☐ Pending Accident Investigation	n / 19/9	ay rear	Z(17		Yes 2 No	Cabr	ct so	A		
or Attend or Attend after death olrector: A in by the f	3[Suicide 6 Could not be determined	28a. Piece of in	jury - At ho	ome, farm, stre	et, factory, offi	се	28f. Location (S City or Tox	Street end Nur	nber or Rura	I Route Number,	
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	29a. C	ertifiar 1 CertifyIng Pt	ysician: To the bast	of my kno	wladge, daath	occurred et the	e tima, data and place	a, and dua to the	ceuse(s) end	nenner es si	etad.	
the Hospin 24 hours the Funer pletely fill		one) 2LXMedical Example	end mennar s	taled.	non end/of inv	astigation, in m	ny opinion, daath occi	urrad et the time,	ueta and piece	e, end due to	ma ceusa(s)	
To the comple	29b. S	igneture end title of certifier	. 1			29c. Lic	ense number		29d. Dete sign	ned (Month,	Dey, Year)	
		Themen !	thing.	A Lynn		0	.C.M.E.		JUNE	20 10	97	
	30. Ne	me end address of person who	completed ceuse	deeth (Item	1 23e) (Type, F				20111	and the		

State Registrar

THEUNONE MIKE 31. Dete filed (Month, Day, Yeer) JUN 25 1997

111 Penn Street, Baltimore, Maryland 21201

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middla, Last) 2. Data of Death 3. Tima of Death Day **Physician** Month Yaar Chamblis Delores JUNE 18, 1997 14:20 P /Medical 4e. Fecility Nama (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner THE JOHNS HOPKINS HOSPITAL N/A BALTIMORE CITY 7. Aga (In yrs. last birthdey) If Under 1 Yeer If Under 24 Hrs.

Months Days Hours Min. 5. Social Security Number 8. Deta of Birth (Month, Dey, Year) Birthplace (Stata or Foreign Country) **Funeral** 1□ M 2€ F Days Yrs. Director 218-22-9732 69 AUG 6, 1927 MD Usual Rasidance of Dacedant 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 Yas 2 No Director 288-11 MD N/A BALTO 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? ŏ must be rs 23a 1400 E. MADISON ST **APT 206** 21205 U.S.A. 12. Wes Dacedant Evar in U,S. Armed Forcas? 13. Was Decadant of Hispanic Origin? (Spacify Yas or No-lf Yes, specify Cuben, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 ☐ Nevar Married 2 ☐ Married 1 ☐ Yas 2 ☐ No If Yas, Giva Yaer or Datas: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: Specify: BLACK 3 ₩idowed 4 Divorced 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Spacify only highast grada complated) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) Collega (1-4or 5+) 9th LABORER HOSPITAL 17. Father's Neme (First, Middla, Last) 18. Mother's Nama (First, Middle, Maidan Sumama) h and Mental F is marked of Pages 1 and 2 should be CHAUNCEY TOLES EMMA YOUNG 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Department of Health a Important: If itsm 27 is any injury or other trac LANORA ROLES 112 WILLOW APT H GLEN BURNIE, MD 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 23 1 ☑ Burial 2 ☐ Cremation 3 ☐ Ramoval from Stata 4 ☐ Donetion 5 ☐ Othar (Specify) MT. ZION CEM 1997 BALTO, MD 21. Signature of Funeral Sarvice Licensea 22. Neme end Addrass of Facility BETTS FUNEAL HOME 1129 N. CAROLINE ST BALTO, MD 1 CLO 21213 23a. Part1. Entar the disaesa, or complications that caused the deeth. Do not antar the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Batween Onset end Death **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in daath) Examiner Examiner physician and s the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, laading to Immadiata causa. Entar Undarlying Causa (Disaasa or Injury that initiated evants rasulting in death) Lest Dua to (or es a consaquance of): Division of Vital Records, P.O. Box 68760, Physician/Medicai Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yes 2 No signed l þ 24b. Wara autopsy findings available prior to completion of cause of death? Be Completed 24a. Was an autopsy performed? peen s certificate has I 2 No 1 Yas 2 No Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica etely filled in by the funeral director, p 25. Was casa rafarred to medical axaminar? 26. Placa of Death (Check only ona) Hospital: 1 Inpatiant 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Yas 2 No Certification: To 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Panding invastigation 1 Natural 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datarminad 3 ☐ Suicida Place of Injury - At homa, farm, street, factory, offica building, atc. (Spacify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida To the Hospital or within 24 hours aft To the Funeral Di completely filled in 29a. Cartifiar 1 Cartifying Phyalcian: To tha bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical (Check only one) 2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and place, and due to the cause(s) and manner stated. 29b. Signeture end titla of cartifiar 29c. Licansa numbar 29d. Data signed (Month, Dey, Year) June 18, 1997 30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print) David Yu, Hospital, Baltimere, Maryland Tower 110, MD. Johns Hopkw 31. Data filed (Month, Day, Year) 132 Registrar's Signature State

DHMH 16 Rev 6/95

Registrar

JUN 25 1997

1997

4c. County of Death

Balto

4.5

Specify:

14. Raca - American Indien,

2,206

Black

Approximete Interval Between Onset and Deeth

3 yrs.

24b. Were eutopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 ☐ No

2 X No

Black, White, etc.

2. Dete of Deeth

24

Month

June

4b. City, Town, or Location of Deeth

N.A

If Under 1 Yeer If Under 24 Hrs.
Months Deys Hours Min. 5. Sociel Security Number 7. Age (In yrs. lest birthday) **Funeral** Deys 1 M 2 F 433-36-5207 73 Yrs Director Usual Residence of Decedent with the Maryland 10e. Stete 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notthed at Balto Ma Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 4404 11206 maria Funeral filed within 72 hours after death Hygiena. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Meritel Stetus 10 Yes 2 No 2905 45 If Yes, Give Yeer or Detes: "280CT45" 1 Never Married 2 Married "natural", or 1 ☐ Yes 2 No by 3 Widowed 4 □ Divorced Completed 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry than . Elementary/Secondary (0-12) peralon College (1-4or 5+) dos Bull 17 12 permit. Pages 1 and 2 should be file Department of Health and Mental Hy, Important: If item 27 is marked other any Injury or other traumatic event, since. 17. Fether's Neme (First, Middle, Last) Be ndian Alle Derie 10 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Fawn, State, Zip Code) moraria Rd Ballo JUANIA 20a. Method of Disposition 20b. Plece of Disposition (Name of cometery, crematory or others Dete 20c. Location - City or Town, State 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from State Ireenmound 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee Ala Pint Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. **Physician** Immediate Cause (Final disease or condition resulting in death) /Medicai Metastatic Lung Cancer Examiner Due to (or es a consequence of) Examiner attending physician and for use as the burial-transit myulres that the death certificate be executed Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or es e consequence of): Records, P.O. Box 68760. Physician/Medicai Due to (or as a consequence of): signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco uss contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Diabetes Mellitus Type I þ 24e. Wes en eutopsy performed? Completed peen Cerebro Vascular Accident k 1 Tyes 25. Was case referred to medical exeminer?
1 ☐ Yes 2 ☒ No Be 26. Plece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 ☑ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) 27. Menner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Division 5 Pending investigation A 1 Netural 1 Yes 2 No 2 Accident 3 Sulcide 6 Could not be determined Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital of within 24 hours To the Funeral Completely filled 29e. Certifier 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, and due to the ceuse(s) end menner as steted. Medical 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and menner stated. 29b. Signature and titig of dentifier 29c. License number 29d. Dete signed (Month, Day, Year)

ARTER

DIVISION

HOWARD

Birthplece (State or Foreign Country)

10d. Inside City Limits

1. Yes 2 No

12:05_{AM}

Ricardo J. Osorno, MD 9600 North Point Road Fort Howard, MD 21052

State Registrar 31. Date filed (Month, Dey, Year)

1. Decedent's Neme (First, Middle, Last)

MHCS FORT

15

4e. Fecility Neme (If not institution, give street end number)

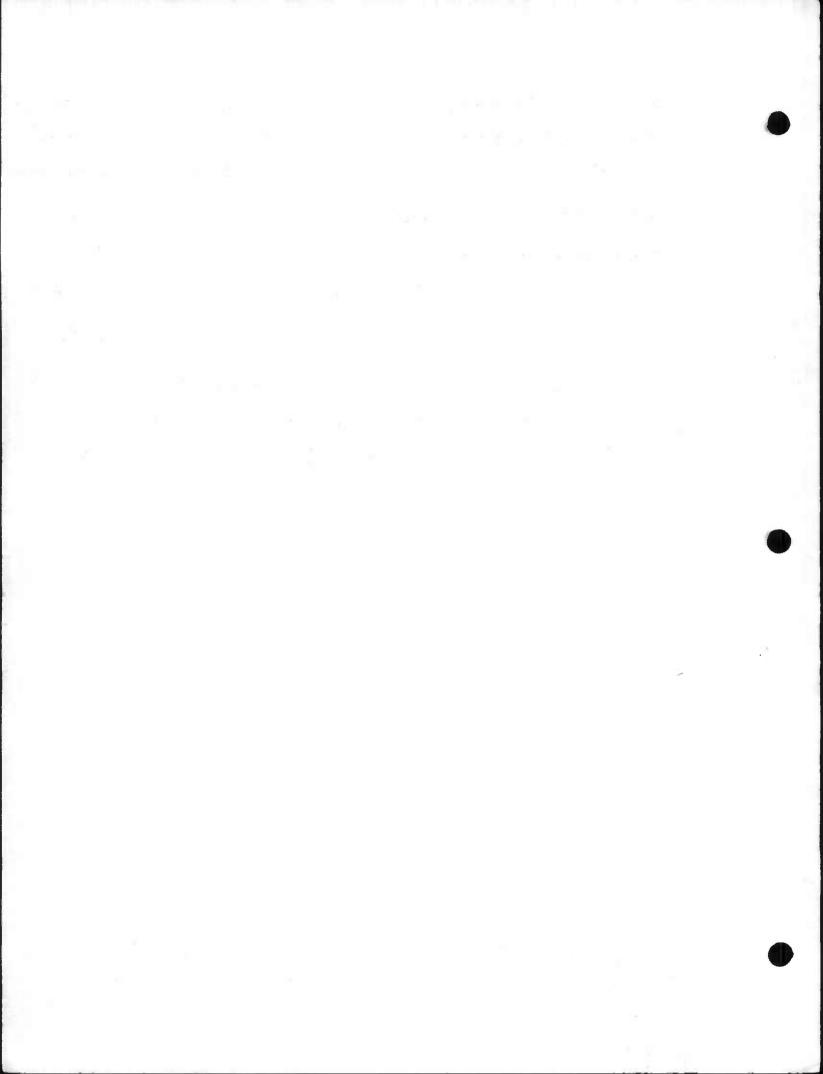
Physician

/Medical

Examiner

JUN 25 1997

egistrer's Signeture Sie Davidson-Pandelle

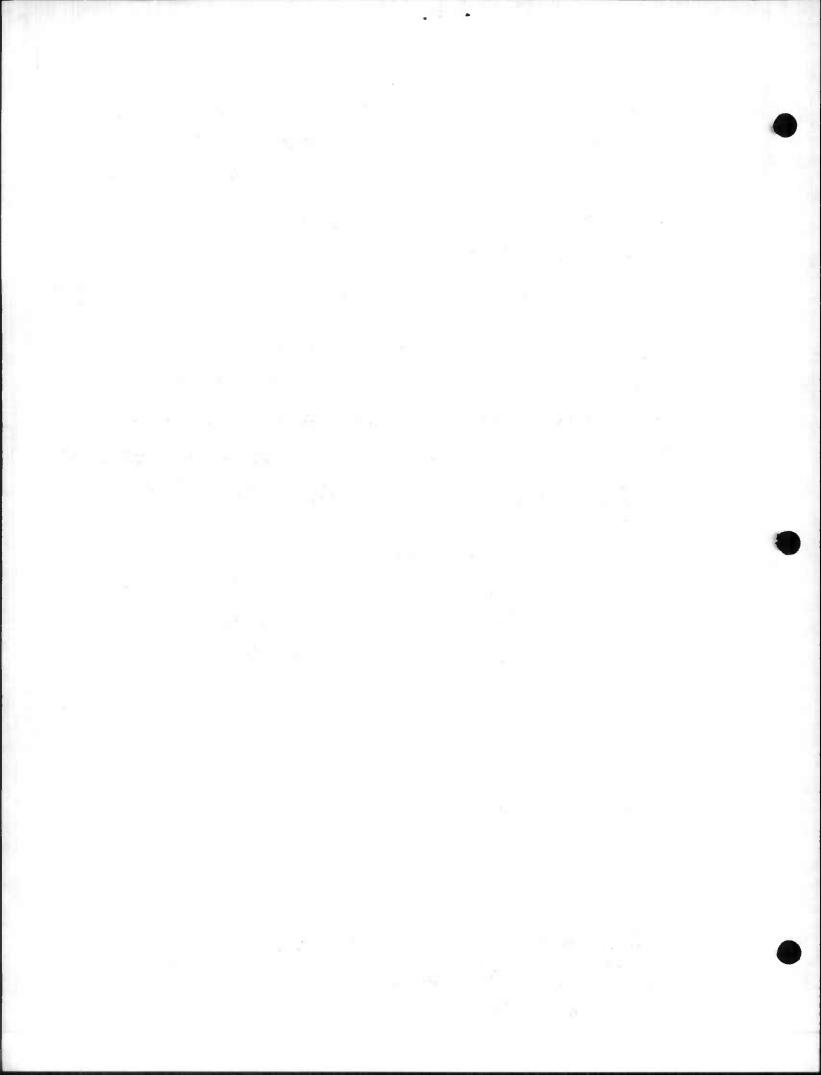


State of Maryland / Department of Health and Mental Hygiene

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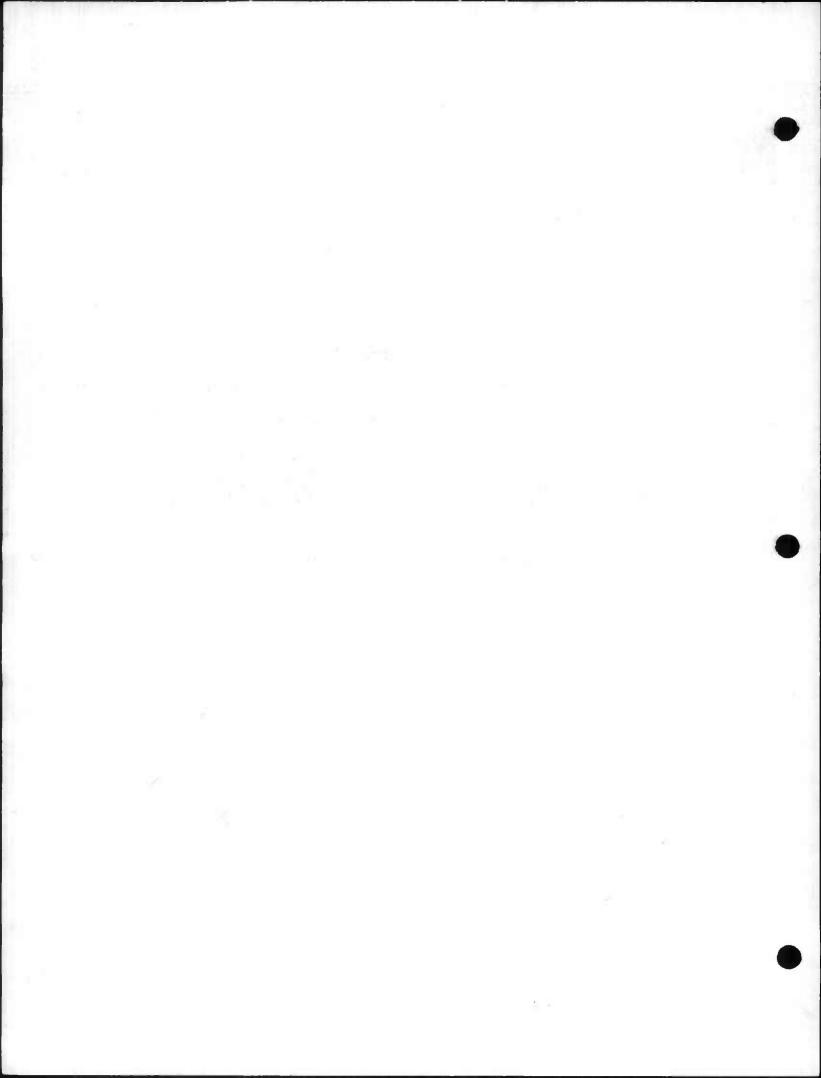
				Certificate of	Death		Reg. No.	1	17041
Physic /Med		1. Decedent's Name (First, Middle, Lest		COOPER		2. Dete of De Month	Dey 22	Yeer 1997	3. Time of Deeth 7:25 A.M.
Exam Funera Directo		216 20 4304	MERAL 1	hospital est birthday) if Under 1 Year Months Deys		8. Date of Bird (Month) De 4/7/2	N,	/A	olece (Stete or Foreign try)
show	_	Usuel Residence of Decedent 10e. Stete 10b. County	10c. City	Town or Location	71.			1	0d. Inside City Limits
th the M or 28a-f	Director	MD. N/A	D	4/4/1/10/E (10f. Zip Code	TITY		10g. Citizen of \	Whet Cour	1#1 Yes 2□ No
th wi	<u>a</u>	301 McMECHEN ST.	(APT. 621)	212	17		US	A	
ire, Maryland 21215-0020 s 1 and 2 should be filed within 72 hours efter death with the Maryland f Heelih and Mental Hygiene. If Heelih and Mental Hygiene in a study or items 23a or 23a-f show other treumatic event, the Medical Exercise man be notified at	by Funeral	11. Maritel Status 1 Never Merried A Married 3 Widowed 4 Divorced	12. Wes Decedent Ever In U.S Armed Forces? 1#1 Yes 2 No 1/46 Yes, Give Yeer or Dates: 2/4	if Yes, specify Cub 1 □ Yes 2 # No		ecify Yes or No Rican, etc.)		a - Americ ck, White,	AFRU
5-C	ete	15. Decedent's Edu (Specify only highest gred		16e. Decedent's Usual Occu	petion during most of worki	na	16b. Kind of B		
d 21215-0020 filed within 72 hours ef Hygiene. orther then "netural", or ent, the Wederal Exert	Completed	Elementery/Secondary (0-12)	College (1-4or 5+)	(Give kind of work done life. DO NOT use retire Clerk SPEC	CIALIST		s.s.	Α.	
Maryland d 2 should be file th end Mental Hy 7 1s merked other treumstic event	To Be	17. Fether's Neme (First, Middle, Last) JOSEPH CO	OPER		18. Mother's Name	(First, Middle,		10)	
s 1 and 2 sho f Heelth end them 27 is me other treum		19e. Informent's Neme/Relationship (Ty PHYLLIS D. COOPER		19b. Meiling Address (Stree 301 McMECHEN				Stete, Zip APT •	
0 0 0 - 5		20e. Method of Disposition 1 Buriel 2 Cremetion 3 F 4 Donetion 5 Other (Specify)	emovei from State	ece of Disposition (Neme of metery, cremetory or other ple ARRISON FOREST	,	Dete /26/97	20c. Location - Owings		
Baltimo		21. Signeture of Fungral Service License		22. Neme end Addr ESTEP BR	ess of Fecility ROTHERS FU	NERAL H	OME P.A	•	
		23a. Part. Enter the disease, or complished, or healt failure. List only or	cations that caused the death.	1300 EUT	AW PL. BA	LTO. MD	. 2121	/	Approximete
X 68760, wetflicete be executed fine physician and ging physician and as as the burlet-transit	Examiner	Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	Meta State Due to (or CARCINER	as e consequence of): C KENA es e consequenca of): NA OF K	L Cell Right C	CA	reinon	A	Onset and Death
0 0 55	n/Medical	resulting in deeth) Lest	Ch Ronic	es e consequence of): KENAL	FAIL	IZE			
P.O. hat the cd by the detached	y Physician	Pert II. Other significant conditions con	tributing to death but not resul	iting in the underlying cause gi	iven in Pert I.		lobacco uee co Yes 2□ No	atribute to	the cause of death'
ecord quin s been si 2 should	Completed by					24e. Wes perfo	en eutopsy rmed?	eve	ere autopsy findings elleble prior to mpletion of cause deeth?
E(#) ate pege	Som					101	res 2000	10	Yes 2 No
Nital Fig.	Be	25. Wes case referred to medical examiner?			26. Piece of Deeth	(Check only o	ne)		
90	2	TLI Tes 208 NO		Proutpatient 3L DOA	her: 4 Nursing Hor				1)
After fune	Certification:	27. Menner of Deeth 1 Neturel 5 Pending 2 Accident investigation	28e. Dete of Injury (Month, Day Year)	28b. Time of Injury Mo	rry et ork?] Yes 2 □ No	28d. Describe I	now injury occur	red	
Division all or Attendis after death.	Certific	3 Suicide 6 Couid not be determined	28e. Pieca of Injury - At hon building, etc. (Specify)	ne, farm, street, factory, office		28f. Location (S City or Tox	Street and Numb vn, State)	er or Rura	l Route Number,
Divisit To the Hospital or Attention 24 hours after deat To the Funeral Director: completely filled in by the	edical	29a. Certifier 1 Certifying Phys (Check only one) 2 Medical Examin	iclan: To the best of my know nar: On the basis of exeminetic end menner steted.	ledge, deeth occurred et the ti on end/or investigetion, in my	ime, dete end plece, e oplnion, deeth occurre	end due to the ded et the time,	cause(s) end me dete and pleca,	enner es st end due to	ated. the cause(s)
To th Within To th	M	29b. Signeture end title of certifier	Chaney	29c. Licen	se number		29d. Date signe	Month,	Day, Year)
6		30. Neme and eddress of person who co	mpleted ceuge of deeth (Item.)	23a) (Type, Print)	enet a l	/	1600 n	4	/
St Regis	ate	31. Dete filed (Month, Dey, Year)	32 Registrar's Signetu Julia Davidson		TIEKA	/	P	1	
negis	T CII	JUN 2 5 1997	2 man mand avon	-Nanaraco					



State of Maryland / Department of Health and Mental Hygiene 97

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					Ce	rtificate (of Deat	h		Reg. No.		
Physic /Med		1. Decedent's Name (First, Middle Kennet	h Leroy	Chest	er s	r.			2. Date of De Month JUNE 2	Day	Year	3. Tima of Death 9:30 am
Exam		4a. Facility Name (If not institution 3106 Acton Road	, give street and n	umbar)	,			rown, or L	ocation of Daat		y of Death 1time	
Funera Director		5. Social Security Number 212-30-3146 Usual Residence of Decedent	6. Sex ★□ M 2□ F	7. Age (In yrs. 64	last birthday) Yrs.	If Under 1 Y. Months Da		er 24 Hrs. Min.	8. Date of Bir			oplace (State or Foreigntry). Cyland
Maryland a-f ehow	tor	10a. State 10b. County	imore	10c. Ci	ity, Town or Lo							10d. Inside City Limit
with the	I Director	10e. Street and Number 3106 Acton Ro	ad			10f. Zip Coo	1e . 234			10g. Citizen of	What Cou	intry?
ire, Maryland 21215-0020 s 1 and 2 should be filled within 72 hours after death with the Maryland f Health and Mental Hygiene. Item 27 is marked other than "natural", or items 23a or 28a-f show other traumstic event, the Med call Examinating the notified at	by Funeral	11. Marital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced	Armed F	No No		Was Decedant If Yes, specify (pecify Yas or No Display Rican, etc.)	14. Rac Ble	-	
d ZIZIO-0020 filed within 72 hours af Hygiene frher than "natural", or int, tre Mod cal Exer-	Completed	15. Decedent (Specify only highes Elementary/Secondery (0-12)	t grada completed	(1-4or 5+)	(Giva lifa.	dent's Usuai Oc kind of work do DO NOT use re Very I	one during me tired)		king	16b. Kind of B	lusinass/li	nduatry
Maryiano Ziz	To Be Co	17. Father'a Name (First, Middle, Roy John	r	Dell	very r		her's Nerr		, Maiden Sumar rraine	ma)	Parts tchell	
and 2 should saith end Men n 27 is marks		19a. Informant's Neme/Ralationsl Nancy V. Chester	nip (Type, Print) C/wife			Acton	Rd. E	eberor Ru Parkv	ral Route Number, City or Town, State, Zip Code ille, MD 21234			ip Code)
Pege nent o unt: If		20a. Mathod of Disposition 1 Delial 2 ACrametion 3 Removal from State 4 Donation 5 Othar (Specify) 20b. Place of Disposition (Name of cametery, crematory or other place) Metro Crematory, Inc. 6/25/9								20c. Location Baltin		
permit. Peg Department Important: I any Injury o		21. Signature of Funeral Sarvice to Dawn F. McDo	icensee Om	ald	Cremation Society of Maryland, Inc. 299 Frederick Rd. Baltimore, MD 21228						.8	
Physician /Medical Examiner per per per per per per per per per per		shock, or heart failura. List- Immediate Causa (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last	Dua to (Arter or es a consec or as e consec or as a consec	uance of): uence of):	ruse					Intervel Between Onsat and Death 6 Years	
hat the death of by the attendant for u	Physician		-		out not resulting In the underlying cause given in Part I.				23b. Did tobacco uae contribu			to the cause of death
aw requires as been sign 2 should be	Completed by	o parison practices, co								24a. Wes an autopsy performed?		Vara autopsy findings vallable prior to ompletion of causa f daath?
len: The last that the stort, page	Be Cor	25. Was casa referred to medical					26. Pla	ca of Daa	th (Check only	- ()	1	☐ Yes 2☐ No
OVISION OF V for Attending Physici after death. Director: After this ce d in by the funeral direct	Certification: To	P 1 Yes 2 No Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4						Nursing H	28d. Describe		rred	ral Route Number,
Hought Zerkbun Funeral	edical Ce									annar as and due	stated. to the causa(a)	
To the complete	Me	29b. Signature and title of centiler	lun	,			D40	609		29d. Date signe	124/4	97
D		30. Nama and address of person of Similar Physics	MD.	No. Po	m 23a) (Type,	Print) Melica	e civ,	10	05 No	Point	Blu	1- Suite 700
St Regist	ate rar	31. Data filad (Month, Day, Year) JUN 2 5 1997	Julia Da	Registrar's Syn	no se					15allo,	mp	21224



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9343 Certificate of Death ITEM: 11 G-749 per FH 7-17-97 eoh 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Physician Teresa E. Carroll 1997 Or KOO;P 13 JUNE /Medical 4a. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 8723 Frederick Road F11icot City H
If Undar 24 Hrs. 8. Data of Birth
(Month, Day, Year) Howard If Under 1 Yaar Months Days 5. Social Security Number 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foraign **Funeral** 10 M 25F 239-19-7491 Yrs. Director 37 Aug. 13,1959 Greece Usual Rasidance of Decedant the Marylend 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits r 28a-f ahow MD Howard Ellicott City Director 1 ☐ Yas 2 ☐ No 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? item 27 is marked other than "naturel", or items 23s or other traumatic event, the Medical Examiner must be a 3723 Frederick Road 21043 USA Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 72 hours after 1XXNavar Married 2 Married 1 Yas 2 No Baltimore, Maryland 21215-0020 1 ☐ Yas 2√ No Spacify: þ Specify: 3 Widowed 4 Divorced White Yaar or Datas: Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry se filed within 7. sel Hygiene. Elamantary/Sacondary (0-12) Collaga (1-4or 5+) 2 years Day Care Provider Child Care permit. Peges 1 and 2 should be file.
Department of Health end Mentel Hy
Important: if Item 27 la marked othe.
any Injury or other traumation. 17. Fathar'a Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be 2 Michael J. Carroll Ann Elizabeth Flynn

19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 19a. Informant's Name/Ralationship (Type, Print) 540 Westside Blvd., Catonsville, MD 21228 Dawn & Jeff Wiley/friends 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Ramoval from Stata 4 Donation 5 Othar (Specify) Columbia Memorial 6/16/97 Columbia, MD 22. Nama and Addrass of Facility 21. Signatura of Funaral Sarvice Licensee Slack Funeral Home, P.A. Wellen 23a. Part I. Entar tha disaasa, or complications that caused the death. Do not anter the mode of trying, such as tablet or respiratory and dis **Physician** Immediata Causa (Final disaasa or condition rasulting in daath) Liver Fuilore /Medical Granths Examiner Dua to (or as a consequance of): Examiner Cancer - me tastatic to liver, bone. physician and the burial-transit Sequantially list conditions, if any, leading to immadiata causa. Entar Undarlying Causa (Disaasa or injury that initiated avants rasulting in daath) Last Dua to (or as a consequence of): Box 68760. the death certificate be Physician/Medical Dua to (or as a consaquance of): P.O. Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 1 Yes 2 No 3 Probably 4 Unknown , Bre pair. Chronic animia Records, by 24b. Wara autopsy findings availabla prior to complation of cause of daath? Completed 24a. Was an autopsy Anorexia - Cachexia Syndrone 1 Yas 2 No 1 ☐ Yas 2 No Division of Vital Mospital or Attending Physician;
 24 hours after death.
 Funeral Director: After this certification by the funeral director. 25. Was casa refarred to madicel axaminar?
1 ☐ Yas 2 ☐ No Be 26. Placa of Daath (Check only ona) Hospital: Othar: 4 ☐ Nursing Homa 5 ☐ Rasidance 6 ☐ Othar (Specify) Certification: To 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28b. Tima of 28d. Dascribe how Injury occurred 5 Panding Invastigation 1 Natural 2 Accidant 1 ☐ Yas 2 ☐ No 6 Could not be datarmined 3 Suicida 28f. Location (Streat and Number or Rural Routa Numbar, City or Town, Stata) 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 Homicida 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifiar To the Hosp within 24 hou To the Funer completely fil edical 29b. Signatura and titla of certifian 29c. Licansa number 29d. Data signed (Month, Day, Year) D30543

rass of parson who completed ceusa of daath (Itam 23a) (Type, Print)

K. Minfind 11065 Little Patoxent Pankway, Columbia MD

32 Ragistrar's Signatura

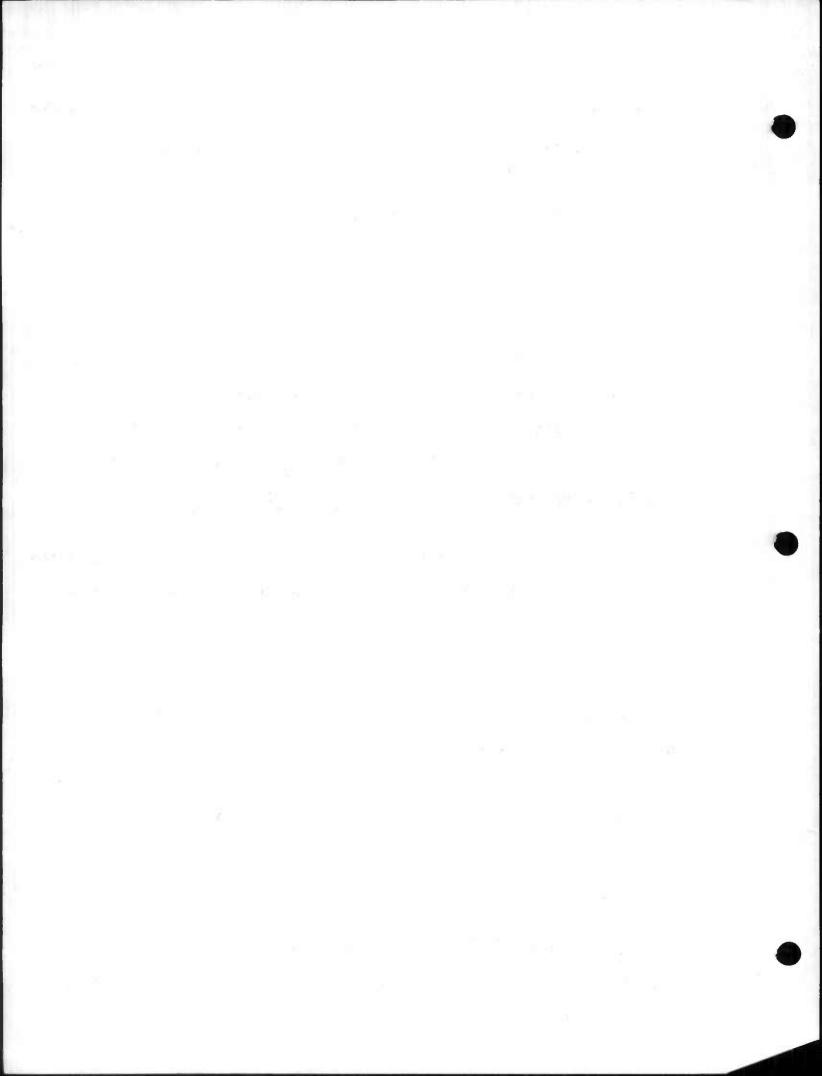
who Davidson-Randall

Registrar

30. Nama and add

31. Data filed (Month, Day, Yaar)

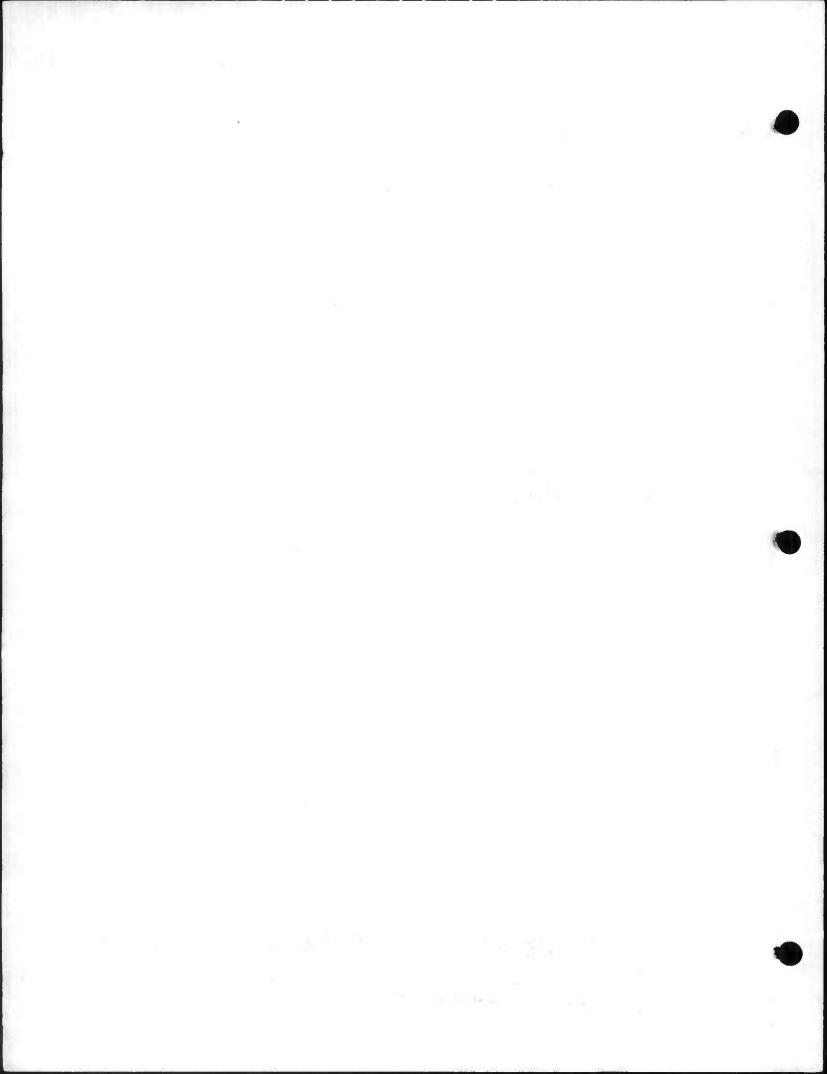
JUN 2 5 1997



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 | 93 L L

					(Certifica	ate of	Death		Reg. No.	1	10044
	Physic	ian	1. Decedent's Name (First, Middle, Las	- 1					2. Date of D		Year	3. Time of Death
	/Medi		Helen E.	Certor					Jun	14	1997	0305
	Examir	ner	4a. Facility Neme (If not institution, give	nty Ganarz	1 #	spital		Colu		Н	oward	County
10.0	uneral irector		5. Social Security Number 214-24-0078 Usual Residence of Decedent		rs. last birth	Month	der 1 Year hs Deys	If Under 24 Hr Hours Mir	s. 8. Date of B	rth Exy ^Y • 27, 192	9. Birthp 7 Coup	iace (State or Foreigr Naryland
with the Maryland	a-f show ified at	tor	10a. State 10b. County	County	City, Town	or Localion Ellic	ott C	ity			11	0d. Inside City Limits 1 ☐ Yes 2\(\overline{\text{V}}\)\(\overline{\text{V}}\)\(\overline{\text{V}}\)
ATI CITY	23a or 28 ant be not	al Director	10e. Street and Number 3000 North Ridge	Road		10f.	Zip Code	21043		10g. Citizen of V USA	What Coun	try?
OUZO hours after dea	"natural", or items 23a or 28a-f show kdisel Examiner must be notified at	by Funeral	11. Marital Status 1 Never Married 2 Married 3 Nover Married 4 Divorced	12. Wes Decedent Ever In Armed Forces? 1 ☐ Yes 2 No If Yes, Give Year or Detes:	U,S.		cedent of H pecify Cubs		Specify Yes or N rto Rican, etc.)		ce - Americ ck, White, o whit	etc.
7 2	disal	etec	15. Decedent's Edu (Specify only highest great	ication le completed)	16e. D	ecedent's U Give kind of	sual Occup	ation during most of we	orking	16b. Kind of B	usiness/Inc	Justry
within ario	the Me	Completed	Elementery/Secondary (0-12) 6th	Coilege (1-4or 5+)		itres		1)		food	sarvi	CO
D D	H H		17. Father's Name (First, Middle, Last)		wa	rores	3	18. Mother's Ne	eme (First, Middle	, Maiden Suman		CE
lid be	ked o	To Be	Frank Riddle					Miz	ia Alsh	ire		
, Maryland 21215-0020 and 2 should be filed within 72 hours at allh and Mental Hoplene.	27 is ma er trauma	-	19a. Informant's Name/Reletionship (T) MS. H. Marie Palm	ope, Print) er/daughter	19b. N 827	Mailing Addre	ess (Street Frede	and Number or F erick Ro	Rural Route Numb	per, City or Town, icott Ci	State, Zip	Code) TD 21043
Battimore, semil. Pages 1 a Separtment of Hea	ortant: If Item Injury or other		20a. Method of Disposition 1 □ Buriai 2 □ Contention 3 □ F 4 □ Donation 5 □ Other (Specify)	Removal from State	cemetery,	oisposition (for crematory of Washi	or other plac	ce) Crematory	Date 14JUN97	20c. Location -		wn, State Saryland
Phy	sician	1000	21. Signature of Funeral Service Licens 221. Part 1. Enter the disease of compilations, or heart failure, clist only of	MO ications that caused the dene cause on each line.		S1a E1: t enter the m	ack Fi Licoti node of dyin	city, g, such es cardie		A. E. 21043 Arrest,		Approximate Interval Between Onset end Deeth
	miner	<u>.</u>	disease or condition resulting in death)			nsequence		Prilvre				years
De De	nsit	nlne		b(ellu	-					1	dzys
, axecu	al-trai	Examiner	Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Diseese or injury	Due to		nsequence o	of);				i	11020
rificate be asscuted	ng physician and e as tha bunal-transit	Medical	cause. Enter Underlying Cause (Disease or injury that initiated events resulting In death) Last	Due to		N = So S	of):				- 1	years
				d		-						
the death ce	ed for	Physician/	Part II. Other significant conditions con	ntributing to death but not re	suiting In t	he underlyin	g cause giv	en In Part i.	23b. Did	tobacco use co	ntribute to	the ceuse of death?
s, T.C.	gned by the attend be detached for us	by Phy		remie					1 🗆	Yee 2010	3 Prob	ebly 4 ☐ Unknow
inbej.	as been s 2 should	Completed	Ga	estritis			<u> </u>		24a. Was perf	an eutopsy ormed?	ava	ore autopsy findings hilable prior to impletion of cause death?
1	pag h	Con							10	Yes 2 No	1□	Yes 20 No
cian:	s certifica director, p	Be	25. Was case referred to medical examiner?						ath (Check only	one)		
hysi	0 TO	T0	1 ☐ Yes 2 ☐ No ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		□ ER/Outp		_	4 LI Nursing	-	denca 6 □Oth)
ding .	After	tlon	1 ■Naturai 5 □ Pending	28a. Date of Injury (Month, Day Year)	28b. Tin Inju		28c. Injun Worl	/ at k? Yes 2 □ No	28d. Describe	how injury occur	red	
or Attending Physician: after death.	Director: After d in by the fune	Certification:	2 Accident 3 Suicide 4 Homicide	28e. Place of Injury - At building, etc. (Spec	home, ferm			700 20,10		Street end Numb wn, State)	er or Rura	Route Number,
To the Hospital within 24 hours	To the Funeral Director: After thi completely filled in by the funeral	edical C	29a. Certifier (Check only one) 1 Certifying Physical Examination (Check only one) 1 Medical Examination (Check only one)						cause(s) and ma date and place,	ause(s) and manner as stated. ate and place, and due to the ceuse(s)		
To th	Toth	M	29b. Signeture and title of certifier	10	_	2	29c. License	7		29d. Date signe	d (Month, I	Jay, Year)
	10		20 Name and address of asset	they	00-1/5	ma Dri- ii	05	6776		June		1 1997
	1		30. Name end address of person who co	· Eversi		MD	48	01 Dorse	y Hell E	trive El	licstt	y City M!
	Sta Registr		31. Date filed (Month 2°5, 1997	grahambanah	Marchan	1						

Registrar



97-3326-027 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. AM State of Maryland / Department of Health and Mental Hygiene JOSHUA CARPENTER Item: 27 per MEO G-749 7/21/97 dh Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth **Physician** Month Joshua Alexander Carpenter JUNE 16,1997 7:05 P /Medical 4e. Fecility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner COLUMBIA HOWARD COUNTY GENERAL HOSPITAL HOWARD H Under 1 Year | H Under 24 Hrs. 8. Date of Birth Months | Deys | Hours | Min. July 1, 1992 5. Social Security Number 9. Birthplace (State or Foreign Maryland 7. Age (In yrs. last birthday) **Funeral** 10M 2□ F 4 Yrs Director 212-37-1445 Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d, inside City Limits ns 23e or 28a-f show 1 Yes & No Directo Maryland Howard County Ellicott City 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 21043 4541 South Leisure Court USA Funeral filed within 72 hours efter death 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No if Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American indien, Black, White, etc. r than "natural", or items the Wedical Examiner in 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2XXNo Specify: þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filed w. Department of Health and Mental Hygien. Important: If item 27 is marked other tha any Injury or other traumatic event, that once. n/a n/a n/a 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Carl Raymond Carpenter Donna Jean Propst 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 4641 South Leisure Ct., Ellicott City, MD 21043 Ms. Donna Jean Propst/mother 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, Stete 1 Qurial 2 □ Cremation 3 □ Removal from Stete 4 □ Donetion 5 □ Other (Specify) Oak Grove Cemetery 21JUN97 Glenwood, Maryland 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Slack Funeral Home, P.A. M00535 Ellicott City, Maryland 21043 shock, or heart fellure. List only one ceuse on each line. Approximate interval Betw Onset and Deeth **Physician** /Medical Immediate Ceuse (Final disease or condition resulting in deeth) Drowning Examiner Due to (or as a consequence of): Examiner death certificete be executed physician end the burief-tran Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Box 68760 Physician/Medical the Due to (or es e consequence of) 980 ō Pert Ii. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Completed by 24a. Was en eutopsy performed? 24b. Were eutopsy findings available prior to completion of cause of deeth? hes 2 No 1DPYes 2□ No Division of Vital director, 25. Wes case referred to medical Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 XYes 2 No P this 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: Injury 1 Natural

funeral Affer death. in by

efter death 5 ne Hospital on 24 hours ef To the Hospi within 24 hou To the Funer completely fil

16

State Registrar

Medical

5 wimming Pool Elli(off city, Many land

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) and manner stated. 29c. License number

29d. Date signed (Month, Day, Year)

Pool

Ct

6-16-97

1745

Place of injury - At home, farm, street, factory, office building, etc. (Specify)

OCME

1 Yes 2. No

JUNE 18,1997

in

28f. Location (Street end Number or Rural Route Number, City or Town, State) 4637 S. Leisure

Ellicott city, Maryland

30. Name end address of person who completed cause of death (Item 2 (Type, Print)

investigation

6 Could not be determined

2XX Accident

3 Suicide

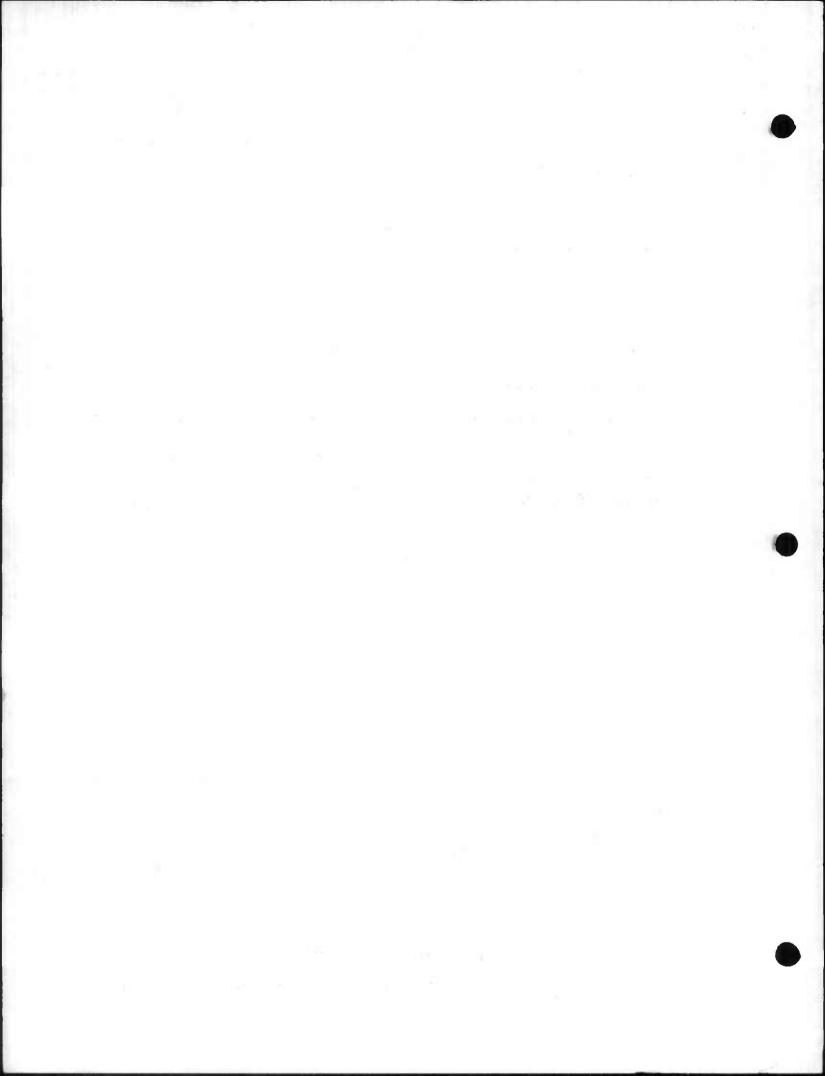
29a. Certifier

4 Homicide

29b. Signature and title of certifier

Radente Moll1 Penn Street, Baltimore, Maryland 21201

Drowned



97-3411-510 B.K.S LISA CATOR

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

1 19346

1. Decedent's Name (First Middle Last) 2. Dete of Deeth 3. Time of Death Month **Physician** LISA L. JUNE 21, 1997 0225AM /Medicai 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** BAYVIEW MEDICAL CENTER E.R. BALTIMORE N/A If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** Months Deys 1□ M 2□ F 213-78-2732 Director 28 APR. 05, 1969 MARYLAND Usuei Residence of Decedent the Maryland 10a. Slete 10b. County 10c. City, Town or Location 10d. Inside City Limits r 28a-f show Yes 2□No MARYLAND N/A BALTIMORE CITY Direct 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? with Examiner man be r 1226 LINDEN LEAF CT. 21202 u.s.a. Pages 1 and 2 should be filed within 72 hours after deeth nent of Health and Mentel Hygiene.
Int: If item 27 is marked other than "natural", or items 23 ury or other traumatic event, the Medical Example in that Funeral 12. Wes Decedeni Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black. White, etc. 1 Never Merried 2 Married 1 Yes 2 No 1□Yes 2□No þ Specify: NEGRO 3 Widowed 4 Divorced Year or Deles Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 11TH UNEMPLOUED N/A 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be RONALD CATOR, SR. 2 SUZZETTE CATOR 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) RONALD CATOR, BROTHER 5212 BOWLEYS LANE BALTIMORE, MD. 21206 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete permit. Pages Department of Important: If it any Injury or c BALTIMORE CEMETERY JUNE 26, 1997 BALTO, MD. 21. Signature of Funerel Service License 22. Name end Address of Fecility CALVIN B. SCRUGGS FUNERAL HO

23a. Pert1. Enter the disease, or complications their caused the beeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one ceuse on each line. CALVIN B. SCRUGGS FUNERAL HOME Approximete Intervel Between Onset end Deeth **Physician** /Medical immediate Ceuse (Final disease or condition resulting In deeth) Gunshot Wound of Chart Examiner Due to (or es e consequence of) Examiner physician and the buriel-transit that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) P.O. Box 68760. Physician/Medical Due to (or es e consequence of) Pert II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown cords. by 24b. Were eutopsy findings eveileble prior fo completion of cause of deeth? 24e. Wes en eutopsy performed? Completed 2 No 1₽Yes 2□ No 25. Wes case referred to medical examiner? Be 26. Place of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ inpalienl 2 ☐ R/Outpetient 3 ☐ DOA Certification: To or Attending Phys Division of 28b. Time of Injury 27. Menner of Deeth 28e. Dete of Injury (Mpnth, Day Year) 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Naturel after death. Director: Aft 1 ☐ Yes 2 🗷 No subject shot 6/21/97 148 AM 2 Accident 281. Location (Street and Number or Rurel Route Number, City or Town, State) 2000 BIK E. Gazor 5+ 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 M Homicide street Baltimore, Hel 24 hours a Hospital 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) and menner as stated.

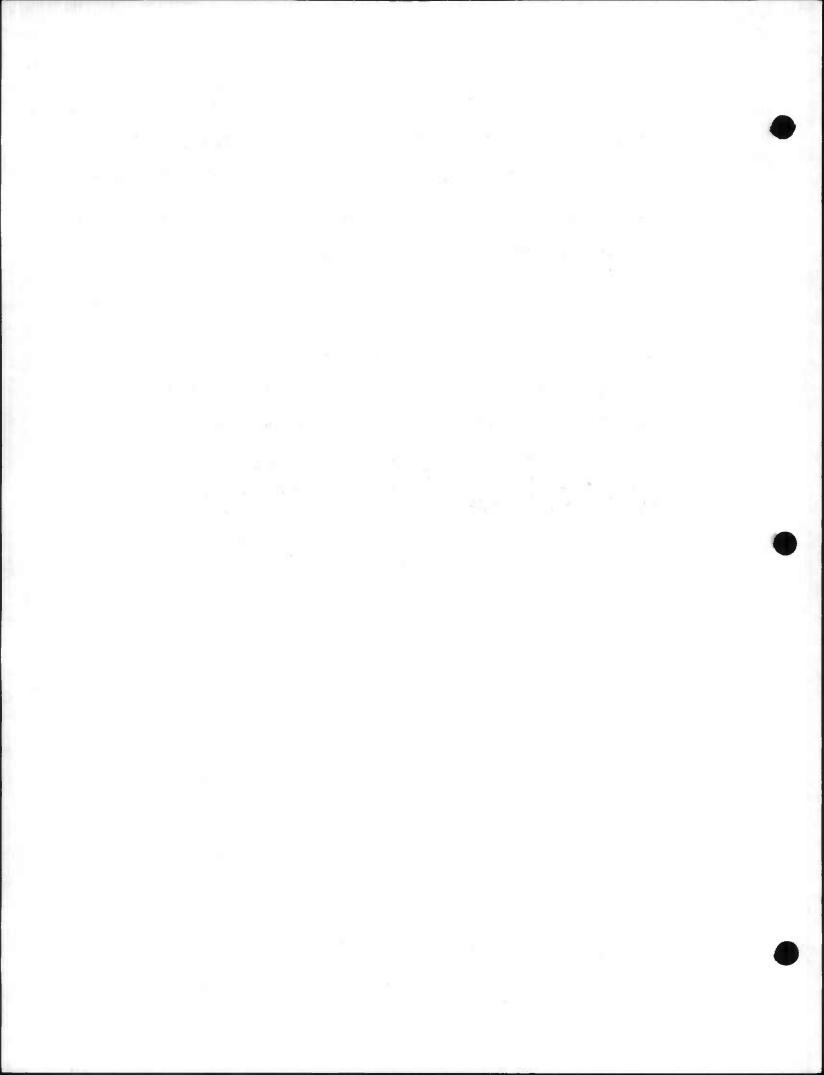
**Continued in the best of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end manner stated. 29a, Certifier To the Hosp within 24 ho To the Fune completely fi 29b. Signeture end fille of certifier 29c. License number 29d. Dale signed (Month, Day, Year) JUNE 21, 1997 O.C.M.E 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) Dennis J. Chuters

Registrar

31. Dete filed (Month, Dey, Yeer)

JUN 2 5 1997

111 Penn Street, Baltimore, Maryland 21201



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

					State	of M	arylan				Health a Death		lental Hy	/giene Reg. No.		7	19347
			1. Decedent's Nar	me (First, Middle,	Last)								2. Date of D				3. Time of Death
и	Physic	an		AN JOSEP		II A NI							Month	Day		Year	
л	/Medi										45 Obs To	um auto	JUNE	21		1997	01:49 A
	Exami	ner	4e. Facility Name			number)					4b. City, 10	wn, or Lo	ocation of Dea	tn 4c.	County (of Death	
				ES HOSPI									TIMORE		N	/A	
	Funeral		5. Sociel Security	Number	5. Sex 1 □ XM 2 □ F			est birthday	Months	1 Yeer Devs	If Under Hours	24 Hrs. Min.	8. Date of Bi	rth ev. Year)		9. Birthpi	lece (State or Foreign try) OMERY CO, MI
0	Director		215-82-29		ILAM ZLIF		35	Yrs.		,			JULY 3	, 196	1 M	ONTG	OMERY CO, MI
	P .		Usual Residence	_													
	ath with the Marylan 23s or 28s-f show	Director	MD MD	10b. County	N/A		10c. City	, Town or L BAL	TIMOR	E						10	0d. Inside City Limits 1 ☑XYes 2 ☐ No
	128 128	ě	10e. Street and No	umber			1		10f. Zip	Code				10g. Citiz	en of W	hat Coun	try?
	No of the		3910 COI	LCHESTER	ROAD				2	1229	0			TT C	Α.		
	eath 2 2	era	11. Marital Status	COMBUIL	12. Was De	acadant	Ever in 11	S 12				ain? /Sa	ecify Yes or N		U.S.A. 14. Raca - American indian,		en indien
Maryland 21215-0020	within 72 hours after death with the Maryland ene. than "naturet", or items 23e or 28e-f show he Medical Examinet must be notified at	by Funeral	1 Never Mai	rried 2 🔯 Marrie	Armed	Forces? s 2 📆 Give		3.	if Yes, spec	cify Cub	an, Mexicar	n, Puerto	Rican, etc.)			c, White, o	
Ŏ	72 hours	8		15. Decedent's				16a. Dece	dent's Usua	al Occup	pation			16b. Kin	d of Bu	siness/înc	lustry
72	d within 72 ho piene. r than "natui the Medical	Completed		ecify only highest				(Give	kind of wo	rk done	during mos	t of work	ing				
7	within one.	E	Elementary/Sec	condary (0-12)	College 1 YR	(1-4or !	5+)		DENT		•		TOWSON		CON	STATE	
0	parmit. Pagas 1 and 2 should be filed Department of Health and Mental Hygid Important: if item 27 is marked other any injury or other traumatic event, in page.		17. Fether's Neme	(First, Middle, L				510	DENI		18. Mother's Name (First, Middle, Maiden S					-	LE
an		Be			•										,	-/	
3		မ		ALLAHAN,				T	JEAN HUGHES 9b. Meiling Address (Street and Number of Rural Route Number City or Town State Zin Cod								
Ja			19e. Informant's N	Name/Relationshi		19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)						Code)					
3	and ealth n 27		JOYCE L.		3910 COLCHESTER ROAD - BALTIMORE, MD 21229							1229					
ore	of H of H iter		20a. Method of Dis	•	20b. Pi	20b. Piece of Disposition (Name of cametery, cremetory or other pleca) Date 20c. Location - City or Town,						wn, State					
Ĕ	Pag mt: H				Li Hemovei from State						6/	24/97	HAMP	STE	AD, N	4D	
Baltimore,	parmit. Departmine processing the processing the processing to the		1 ☑ Buriai 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Septice Licenses					H	UBBAR	D FU		HOM	E INC.				
	_		23a. Part 1 Enter shoot or he	the disease, or o	omplications the	t caused	the death	Do not en	ter the mod	LLKE	no. such as	cardiac	BALTI or respiretory	MURE,	MD	21	Approximate
	Dhusisian		shoot or he	art fallure. List or	nly one cause or	each li	ne.										Intervei Between Onset and Deeth
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ó	DIA	Physician/M	Part ii. Other signi				ut not resu	ilting in the u	inderlying c	ause giv	ven in Part I		23b. Did	tobacco	se con	tribute to	the cause of death?
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sion of Vital Records	asth. Ar: After he tuner	ation:	1 PNatural 2 Accident	5 Pending investiga		onth, De	y Year)	28b. Time o injury	M 2	8c. injui Woi 1 🗌	ryat rk? ∣Yes 2 🗆		28d. Describe	now injury	occurre	ed .	

NAME: BRIAN JOSEPH CALLAHAN To the Hospital or Attar within 24 hours after dea To the Funeral Director completely filled in by th Medical Certific

28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 - Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and menner as steted.
2 Medical Examiner: On the bests of examination and/or investigetion, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29a. Certifier



29c. Lipense number 940356 29d. Date signed (Month, Dey, Year)

BTC PHYSICIAN 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

JUNE 21, 1997

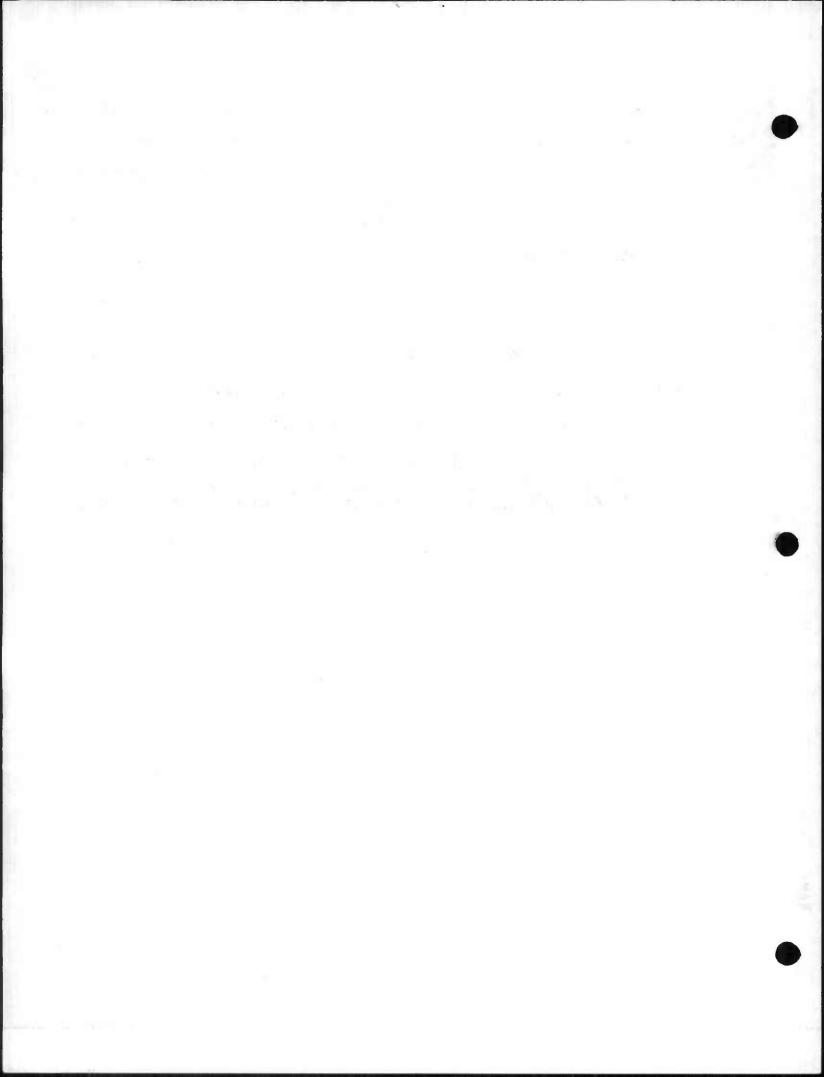
WENELISA NAVARRO

900 CATON AVENUE BALTIMORE HARYCAND 21229

31. Dete filed (Month, Dey, Year) UN 2 5 1997 State Registrar

29b. Signature and title of certifier





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Item: 23a part I per MEO G-749 7/22/97 dh

State of Maryland / Department of Health and Mental Hygiene
ITEM: 9 per FH G-749 7-3-97 eoh

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Month Year MARY DUTY 4:57 PM 1997 3405 /Medical 4e. Fecility Nama (If not institution, giva street end number) 4b. City. Town, or Location of Deeth 4c. County of Death **Examiner** HOSPITAL BATTIMORE CITY JOHNS HOPKINS N/A If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Social Sacurity Number Birthplece (Steta or Foreign Country ARKANSAS 6. Sex 7. Aga (In yrs. last birthday) Funeral 1 M 2 F Yrs. Director 577-50-2100 July 26, 1936 Arkansaw Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location **ehow** 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f shor traumatic event, the Modical Expositor must be notified at 1 Yes 2 No Directo Maryland Howard Columbia 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? with 6071-1 Majors Lane 21045 United States death Funeral permit. Pages 1 and 2 should be filed within 72 hours after deat Department of Health and Mental Hygiene. Important: If item 27 ie merked other than "natural" on the traumatic events any injury or other traumatic events. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) Race - American Indian, Bleck, White, etc. 1 ☐ Yas 2 ☐ No If Yes, Give Year or Deles: 1 □ Navar Married 2 □ Married 1 ☐ Yes 3☐ No Specify: þ 3 ☐ Widowed 4 💆 Divorced Specify: white Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation
(Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 Psychiatric Social Worker Health Care 17. Fether's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Meiden Sumeme) Clyde Taylor Ellis Izella Baker 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Diana L. West - daughter 112 Oakton Road, Gaithersburg, MD 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State Dete 1 ☐ Buriel ※XXCremation 3 ☐ Ramoval from Stete 4 ☐ Donetlon 5 ☐ Other (Specify) Chesapeake Crematory June 21, 1997 Beltsville, MD 21. Signature of Funeral Service Licensee Cary L. Kaufman Funeral Home at Meadowridge Mem. Park, 7250 Washington Blvd. Elkridge, MD 23e. Part. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart failure. List only one cause on each line. Onset end Deeth **Physician EMPHYSEMA** 20 years /Medical Immediete Ceuse (Finet MYDEARSIAL diseese or condition resulting in deeth) **Examiner** Due to (or es a consequence of) Examiner CORONARY ARTER physicien end the buriel-transit Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Causa (Diseese or Injury that Initieted events resulting in deeth) Lest Due to (or as a consequence of) certificate be Physician/Medical Due to (or es e consequence of) use as attending for signed by the a d be deteched f Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Records, P.O. 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown CONSTIPATION by should | 24b. Were eutopsy findings availeble prior to completion of ceuse of deeth? Completed 24e. Wes en eutopsy performed? pege 2 1 Yes 2 XNo certificate Division of Vital 25. Wes cese referred to medice! Be 26. Plece of Deeth (Check only one) exeminer? Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 Yes 2√No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral 27. Menner of Deeth 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred or Attending Parter death. Certification: 1 Neturel 5 Pending 1 Tyes 2 No 2 Accident Investigation 6 Could not be determined 3 Suicida 28f. Location (Street end Number or Rurel Routa Number, City or Town, Stete) Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 5 4 Homicida To the Hospital of within 24 hours a To the Funeral D completely filled Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end plece, and due to the ceuse(s) and menner steted. 29e. Certifier Medical (Check only one) 29b. Signeture end title of confidence 29c. License number 29d. Dete signed (Month, Dev. Year)

RES-000

JUNE 20, 1997

State Registrar JUN 25 1997

JUN 25 1997

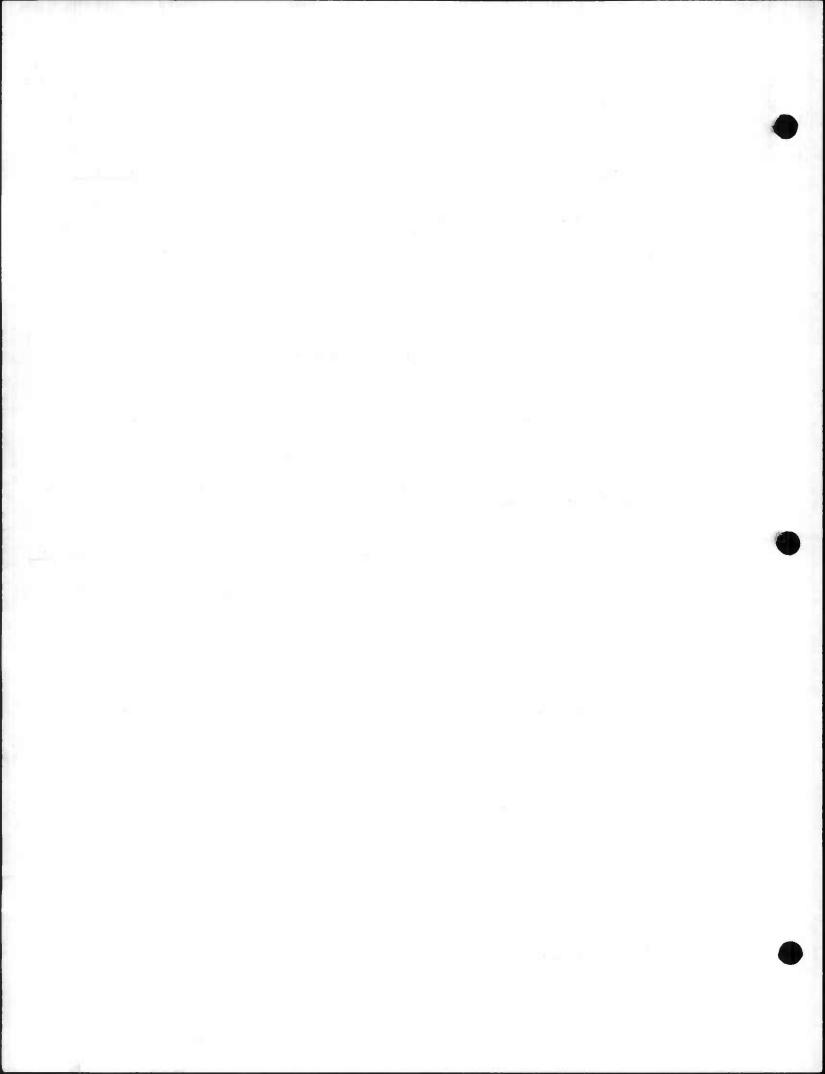
JUN 25 1997

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JUN 25 1997

30. Name and address of person who completed caulto of death (Item 23e) (Type, Print)

MY



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

			State of Mary		Certifica			мептат ну	Reg. No.	7	19349
Dhyoic	ion	Decedent's Nema (First, Middle, La	st)					2. Date of De Month	eeth Dey	Yeer	3. Time of Deeth
Physic /Med		Estelle Mae Dix	on					June		997	15:45
Exami		4e. Facility Neme (If not institution, giv	e street end number)				4b. City, Town, or	Location of Deal		-	
		Carroll County	General Hos	pital			Westmin	ster	Car	roll	
Funera		5. Social Security Number 6. S		yrs. lest bir		r 1 Yaar	If Undar 24 Hrs				laca (Stete or Foreign try)
Directo	_	258-32-7222 Usual Residence of Decedent	□ M 20XF	77	Yrs. Months	Days	Hours Min.	Jan.	13, 1920	Nort	h Carolina
the Maryland 28a-f show	L	10a. State 10b. County	10		n or Location					10	Od. Insida City Limits
No M	Director	Maryland Carroll		Westm	inster						1 ☐ Yas 2 🕅 No
E 9 E	100	10e. Street end Number			10f. Zi	p Code			10g. Citizen of V	Vhat Coun	try?
23a	100	2230 Sams Creek	Road			21	157		United :	State	S
Within 72 hours after death with the Maryland siene. Than "natural", or frems 23a or 28a-f show the Morinal Evancier must be northled at	by Funeral	11. Marital Status 1 □ Never Married 2 ★ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent Ever Armed Forcas? 1 ☐ Yes 2 ☒ No If Yes, Give Yaar or Dates:	r in U,S.	13. Was Dece If Yes, spe 1 \(\subseteq Yes		dispanic Origin? (S an, Maxican, Puan Specify:	pecify Yas or No to Rican, etc.)	Specify	e - America k, White, o	
72 hours	9	15. Decedent's Ed	fucation	16a.	Decedent's Usu	el Occup	ation		16b. Kind of Bu		
Individual Caralo-0020 2 should be filed within 72 hours at and Mental Hygiene. Is marked other than "natural", or reumatic event, the Medical Event	Completed	(Specify only highest gra Elementary/Secondary (0-12) 12th	College (1-4or 5+)		(Give kind of willife. DO NOT to	ork done ise retire	during most of wo d)	rking		Home	
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Maryiand d2 should be file th and Mental Hy 7 is marked othe trsumatic event	To Be	William J. Davis					Viola	Davis V	Jeeks		
Te, Maryis s 1 and 2 should l Health and Mer tem 27 is marke other trsumatic	1	19a. Informent's Name/Relationship (Type, Print)	19b	Mailing Addres	s (Street	end Number or Re			State Zin	Code)
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1 end 1 Health Health em 27		20e. Method of Disposition		Ob. Place of	Disposition (Ne	me of		Date	20c. Location -		21157 wn_State
Datumore, n permit. Pages 1 end Depertment of Health Important: if item 27 any injury or other ta		1 Suriel 2 Cremation 3 ⊆ 4 Donetion 5 Other (Specifi	Removal from State	cem eter	ry, crematory or View Me	other ple		June 25	Sykesv:		
Demit Depent Import any in		21. Signature of Funeral Service Licar	See Crey		Burri	er-O	ss of Fecility ueen Fund ld Liber	eral Din	ectors,	P.A.	D 21784
		23a. Partt. Entar tha disaesa, or com shock or heert feilure. List only	plications that sused the one cause on each line	death Dor	not antar the mo	de of dyir	ng, such es cardia	c or respiretory	errest,	ld, M	Approximete Intervel Between Onset and Deeth
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eath certifi attending	M		d								
atter for c	ciai									i	
tha tha	Physician/M	Part II. Other algnificant conditions of	ontributing to death but no	ot resulting in	the underlying	cause giv	ren in Pert I.	M	Yes 2 No		the cause of death?
Physionar The law aquiras the this centrosing cape a signed rail directs prope a spraid be de-	eted by								s en eutopsy ormad?	ava	ore eutopsy findings aliable prior to appletion of causa
	Completed							10	Yes 200 No	of o	deeth?
11	0	25. Was case referred to medical					26. Plece of De	ath (Check only	/\		
Physics this cer	0 8	exeminer?	Hospital: Inpatient	2□ER/Ou	tpatient 3 D	OA Oth	or		Idence 6 Oth	er (Snecifi	()
Attending Physic of death.	tlon: T	inpatient 2 Ervoupatient 3 Dox							how injury occur		,
or Attending P safer death. I Director: After the in by the funer.	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injury - building, etc. (S	At home, fa	rm, street, factor	y, office		28f. Location City or To	(Street and Numb wn, Stete)	er or Rura	l Route Number,
To the Hospital or / within 24 hours after To the Funeral Dire completely filled in t	edical C	29a. Certifier (Check only one) 1/5 Certifying Ph	ysician: To the best of my liner: On the basis of exa and mannar stated.	y knowledge minetion end	, death occurred d/or investigetion	et the tir	ne, date and place pinlon, death occu	, and due to the urred at the time,	cause(s) end me dete end piece,	enner es st and due to	ated. the cause(s)
o the	M	29b. Signature end title of cartifiar			29	c. Licans	a number		29d. Data signe	d (Month. I	Dey, Year)
F ≯ F 8		1 Roma	K. Ce	بمسقر		_	31460		6/25	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
6		30. Name and address of person who	completed cause of death			DWC.	L AVE	WES	mins	راعاك م	no 21157
St Regist	ate rar	31. Date filed (Month, Dey, Year)	32 Registraria	Signature	2.00						

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9350 Certificate of Death 1. Decedent's Nema (First, Middle, Lest) 2. Data of Deeth 3. Time of Deeth Month Jytte Ane-Marie Davis 8:20 194 June 4a. Fecility Name (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Deeth Union Memorial Hospital Baltimore If Under 1 Year | If Under 24 Hrs. 7. Age (In yrs. lest birthdey) Birthplaca (State or Foreign Country) Sex 1□ M 2 F Deys 216-78-1247 67 Yrs. 2, 1930 Denmark Usuei Residence of Deceden 10h County 10c. City. Town or Location 10d. Inside City Limits Anne Arundel Maryland Gibson Island 1 ☐ Yes 2 XNo 10e. Street end Number 10f. Zip Coda 10g. Citizan of Whet Country? 151 Broadwater Way 21056 USA 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 No Was Decedent of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. 1 ☐ Navar Married 2 ☐ Marriad if Yes, Give Yeer or Detes: 1 Yes 2 No Specify: 3 Widowed 4 □ Divorced White 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) 12 Homemaker Own Home 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumema) Jens Sofus Petersen Johanne Larsen 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Bruce J. Davis/son 734 Broadwater Way Gibson Island, MD 21056 20b. Piece of Disposition (Name of cemetery, crematory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 XCremetion 3 ☐ Ramoval from Stete 4 ☐ Donation 5 ☐ Other (Spacify) Metro Crematory, Inc. 6/25/97 Baltimore, MD 21. Signeture of Funerai Service Licenses 22. Name and Address of Fecility 22. Name and Address of Facility Cremation Society of Ma Dawn F. McDonald 23e. Part. Enter the disease, or complications thei caused the deeth. Shock, or heart failure. List only one cause on each line. Cremation Society of Maryland, Inc. 299 Frederick Road Baltimore, MD 21228 Approximate intervel Between Onset end Death fmmediata Cause (Finei diseese or condition resulting in deeth) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Causa (Disease or Injury that initiated avents resulting in deeth) Lest Due to (or es e consequence of) Due to (or es a consequence of) Part II. Other signiffcent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Yes 2 No 3 Probably 4 Unknown 24e. Wes en autopsy performed? 24b. Wera autopsy findings available prior to completion of cause of deeth? 1 Yes QNo 1 ☐ Yes 2 ☐ No

Physician /Medical Examiner

Physician

/Medical

Examiner

10a State

Funeral

Director

rs 23a or 28a-f show

7 is marked other than "natural", or items traumatic event, the Medical Examiner ma

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Baltimore, Maryland

Physician/Medical þ Completed Be 2 Certification:

25. Wes cese referred to medicei

JUN 2 5 1997

1 ☐ Yas No

27. Manner of Deeth

2 Accident 3 Sulcide

4 Homicide

29e. Certifier

1 A Naturel

ate has been signed by the attending physician and page 2 should be detached for use as the bunal-tran Peterson Davis this cartificate has Aftar Division

> State Registrar

Medical

29b. Signature and title of a

5 Pending investigation

6 Could not be determined

mo

Inpatient 2 ER/Outpatient 3 DOA

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28b. Time of

Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner as stated.

2 Madical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end piece, and due to the ceuse(s) 29c. Licanse number 29d. Data signed (Month, Day, Year)

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

28d. Describe how injury occurred

26. Place of Deeth (Check only one)

28c. Injury et Work?

1 ☐ Yes 2 ☐ No

June ay, 1977

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

who completed cause of deeth (Itam 23a) (Type, Print) 31. Date filed (Month, Dey, Year)

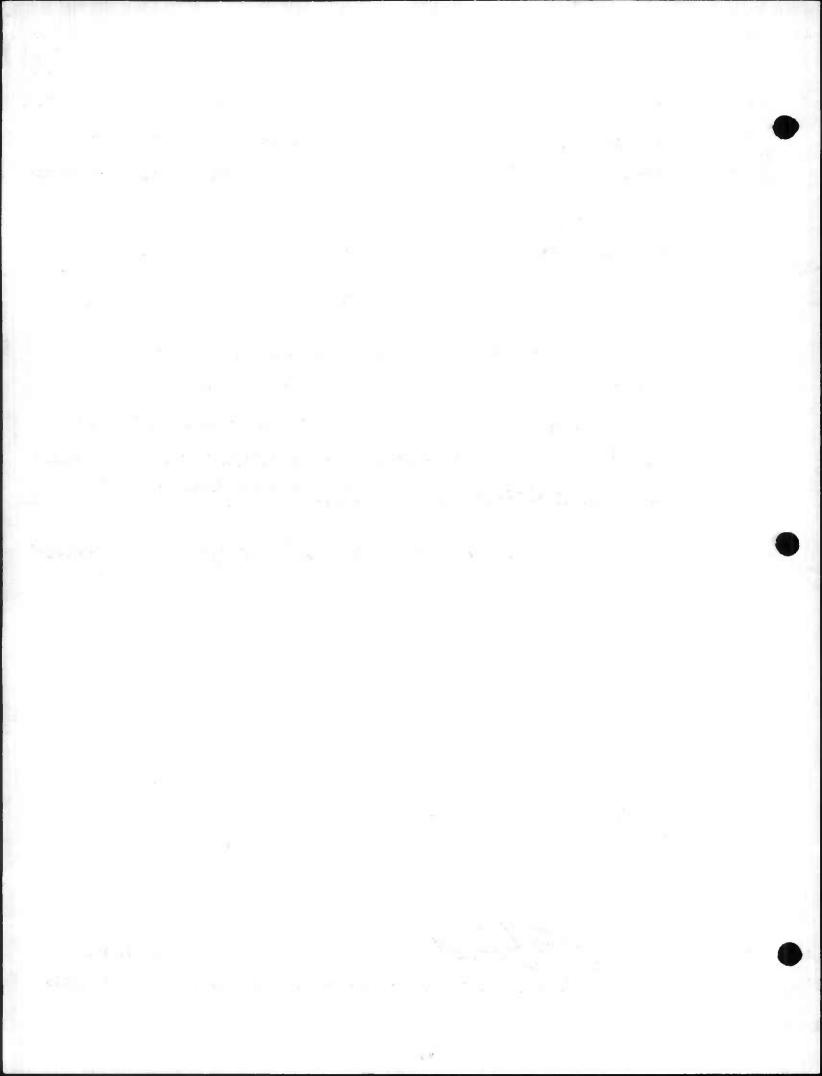
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

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amin	_	4e. Fecility Neme (If not institution	on, give street and nu	umber)			4b. City, Town, or I	ocation of Deeth	4c. County		
		11045 Seven H				W.11. 1. 4.14	Potomac			gomery	
ctor		5. Sociel Security Number 191–22–4822	6. Sex 1 M 2	7. Age (In y	rs. last birthday)65 Yrs.	If Under 1 Year Months Deys	if Under 24 Hrs. Hours Min.	8. Dete of Birth (Month, Day March	Year) 17, 193	9. Birthplece Country) 2 Penns	sylvania
10		Usuel Residence of Decedent 10a. State 10b. County	/	10c.	City, Town or Loca	ation				10d.	inside City Limits
notified at	ctor	Md Mont	tgomery	I	Potomac						1XXes 2□No
ST SELDE	al Director	10e. Street end Number 11045 Seven I	Hill Lane			10f. Zip Code 20854			U.S.		?
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2		19e. Informent's Neme/Relations	ship (Type, Print)		19b. Mailing	Address (Street	and Number or Ru	ral Route Numbe	r, City or Town,	Stete, Zip Co	ode)
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		eral Hosp			If Under 1 Ya	Colu	nbia	T	How	_	
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21. Signature of Fu	ineral Service Licer	Sel	M0053		2. Nama and Add Slack Ellico			ome, P.			
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25. Was casa refar	red to medical					26 Plac	e of Deal	th (Check only	one)		. \

Physician /Medical Examiner

been signed by the attending physician and should be detached for usa as the burial-transit requires that the death certificate be asseuted

After

filled in by the

death.

To the Hospital or Attent within 24 hours after death To the Funeral Director:

ecords, P.O. Box 68760,

Division of Vital

Examiner

Physician/Medicai

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Completed

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10

Certification:

Medical

Physician

/Medical

Examiner

Funeral

Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiena. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at once.

Baltimore, Maryland 21215-0020

Director

Funeral

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Completed

Be

arres

25. Was casa refarred to medic axaminar?

1 Yas 2 No Hospital: 27. Mennar of Death 1 Natural 2 Accidant 5 Panding invastigation

6 Could not be 3 ☐ Sulcida 4 Homicida

28a. Date of Injury (Month, Day Year) 28b. Tima of

28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify)

1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA

Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify)

28d. Dascribe how injury occurred 1 ☐ Yas 2 ☐ No 28f. Location (Street and Number or Rural Routa Number, City or Town, State)

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, data end place, and dua to tha causa(s) and mannar as stated.

2 Madical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and dua to the causa(s) and mannar stated.

(Check only one) 29b. Signature and titla of certifiar

30. Name and addrass of pe WILLIAM D.

31. Data filed (Month, Day, Year)
JUN 2 5 1997

29a. Cartifian

29c. License number D16810

28c. Injury at Work?

29d. Data signed (Month, Day, Yaar)

JUN 23, 1997 PARNES IN. D. 11085 LTTLE PATULENT PKWY, COLUMBIA, MD 21044

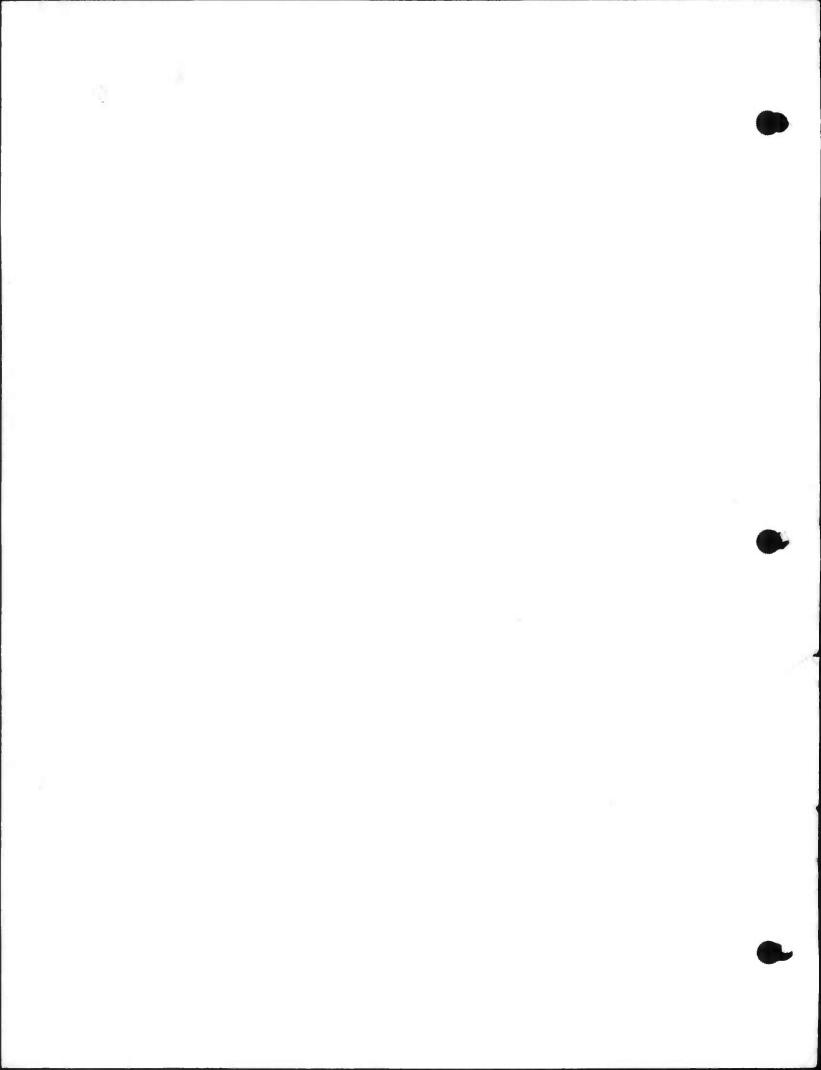
State Registrar

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July Devidson-Randella

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (First		GAYL	EAK	20	- 9					2. DATE OF MONTH	DEATH DA		YEAR	3. TIME OF DEATH 3:55 PM M	
		4. SOCIAL SECURITY NUMBER		S. SEX	4. AGE	(In yrs. lasi	birthday)	IF UNDER	1 YEAR	IF UNDE	N 24 HRS.	7. DATE OF I	SIRTH M. Yearl	1		PLACE (State or Foreign	
9		219-01-95 DR. FACILITY NAME (If not in		1 X M 2 - F		77	YRS.					FEB. 6	, 19		Ma	aryland	
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permit. Pages	DIRECTOR	10a. STATE	10b. COUNT	Υ				Y, TOWN		TION						10d. INSIDE CITY LIMITS?	
jį.		Md . 100. STREET AND NUMBER	N/A				Ba	ltim		H. ZIP COD	-			-		1X YES 2 NO	
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DZO physician. burial-transit	FUNERAL	11. MARITAL STATUS		12. WAS DECEDER				13.	WAS DE			NIC ORIGIN? (S	pecify Yes	or No	14. RACE	- American Indian.	
Z 15-UUZU attending physicse se as the burial	B	1 Never Married 2 X		FORCES? IF YES, OIVE		ATEO	o WII			S 2 NO		an, Puerto Rica: fy:	n, atc.)		Specif	white, atc. white	
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he hospit detached	COMPL	17. FATHER'S NAME (First, M	liddle, Last)			Ба	THEL			18. MOT	HER'S NA	_					
2 2 2 W	ш	Joseph Cli	nton G	ayleard							18. MOTHER'S NAME (First, Middle, Meiden Surmeme) Margaret Hessian						
retained 5 should notified	TO B	19e. INFORMANT'S NAME (ype/Print)				19b. MAILINO ADDRESS (Street end Number or Rural Route Number, City or Town, Stets, Zip Code)										
be re	١	Gloria Gay		- wife			327 S. Calhoun St., Balto., Md. 21223										
6 may be ector, page must be		20a. METHOD OF DISPOSITION 15 Burlel 2 Cremation 3 Removal from State 4 Donation 8 Other (Specify) Loudon Park Cemetery											DATE 20c. LOCATION — City or Town, State 6/25 Baltimore, Md.				
Page direct		21. SIGNATURE OF FUNEBA		CENSES	<u> </u>	oudo	n Pa			tery	SS OF FA	197 25 KOLITY	Bal	timo	re, l	Md.	
DAL I IMOR after death. Page 6 m by the funeral director, moval.		Gary L. Kaufman Funeral Home at Meadowridge 7250 Washington Blvd., Elkridge, Md. 21227															
within 24 hours appletely filled in 1 cremation, or revent, the med		IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Due to (or as a consequence or):													Approximate Interval Between Onset and Death		
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TO THE De filed IMPOR	TO BE	Ledunis		· Cred	_	M.	D -			02	543	S		•	6/2	4197	
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140 44		31. DATE FILED (Month, Day,		D 32. BEGISTRA			164	UTI	NO	Ich	, ,	711) 2	123	0			
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State of Maryland / Department of Health and Mental Hygiene 97 1925

JOSEPH Items: 23		ARRETT art I,27,28a-f per MEO	State of Mary G-749 7/1/97 d	0	rtment of F tificate of		Mental Hy	rgiene 9	7 1935
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Examin Funeral Director	ner	UNKNOWN .	RD STREET	yrs. lest birthday) 37 Yrs.	If Under 1 Year Months Deys	BALTIMO If Under 24 Hrs. Hours Min.	RE 8. Date of Bir (Month, De	rth	of Death N / A 9. Birthplece (State or Fice Country) MARYLAN
ith the Maryland or 28a-f show	Director	Usual Residence of Decedent 10a. State 10b. County MARYLAND 10e. Street end Numbar	1A 100	. City, Town or Loc		THORE		10g. Citizen of	10d. Inside City L 100 Yes 21
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Physician
/Medical
Examiner

Funeral

Director

filed within 72 hours after death with the Maryland 28a-f show traumatic event, the Medical Examiner must be notified at ò items 23a ò "natural", al Hygiena. Pages 1 and 2 should be fill ment of Heelth and Mental Highert: If Item 27 Is marked oth

21215-0020

Baltimore, Maryland

permit. Pages 1 and 2 Department of Heelth a Important: if Item 27 Is any Injury or other trae **Physician** /Medical **Examiner**

attending physician and for use as the bunal-transit quires that the death certificate be axecuted signed by 2

Vital Records, P.O. Box 68760,

Division of

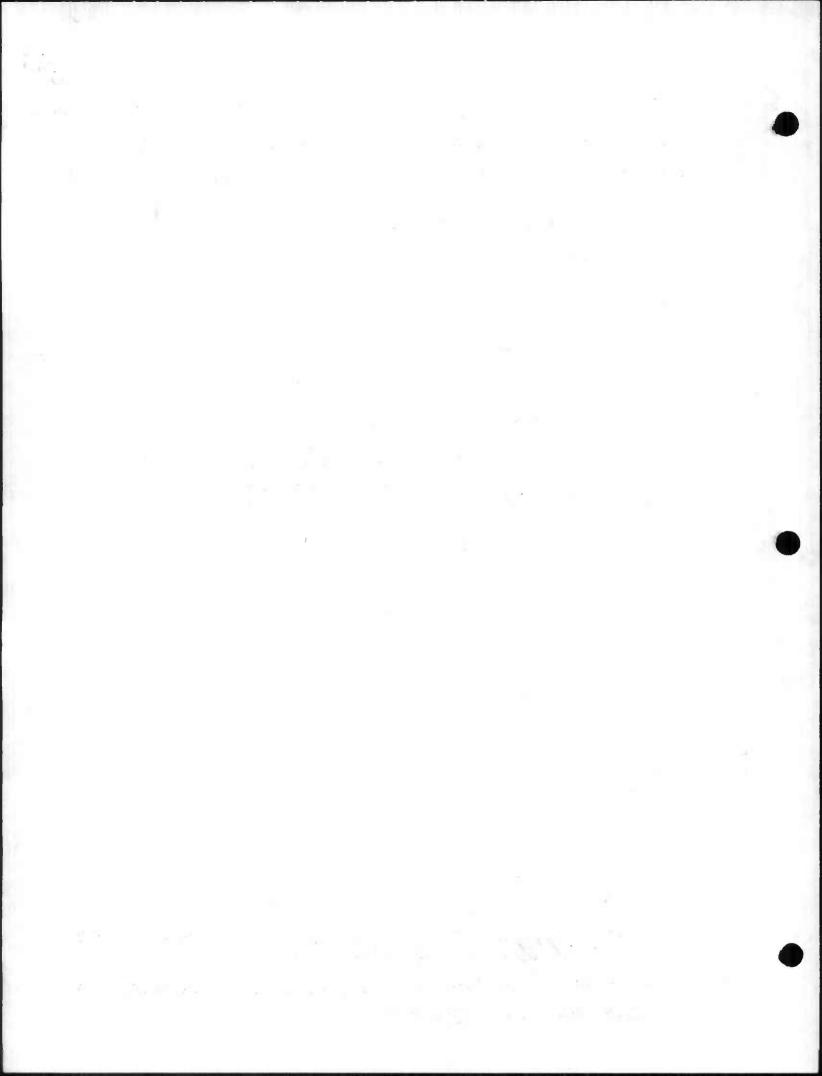
Phys 첉 or Attending after death.

Director: After do in by the fur within 24 hours a
To the Funeral C
completely filled the Hospital

State Registrar

1. Dacedant's Nama (First, Middla, Last) 2. Date of Deeth 3. Time of Death ORA GRILL JUNE 20 1997 3:25 PM 4a. Facility Nema (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death BERLIN NURSING & REHAB CENTER BERLIN WORCESTER If Undar 1 Yaar 5. Social Sacurity Number 7. Age (In yrs. last birthdey) If Undar 24 Hrs. Hours Min. 8. Data of Birth (Month, Day, Year) Birthpieca (Stata or Foraign Country) Deys Hours 1 M 2 T F 89 Yrs 448-09-3971 ARKANSAS JULY 18,1909 Usual Rasidance of Dacadant 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits Directo 1 ☐ Yes 2X No MD WICOMICO SALISBURY 10e. Streat and Number 10f. Zip Coda 10g. Citizen of What Country? 1005 HERON COURT 21804 Funeral U.S.A. 11. Marltei Status 12. Wes Dacedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Maxicen, Puerto Rican, atc.) Rece - American Indian, Black, Whita, etc. 1 ☐ Yas 2 ☒ No If Yes, Giva Yaar or Detes: 1 ☐ Never Married 2 ☐ Marriad 1 ☐ Yas 2 ☒ No Specify by Specify: 3 Widowad 4 □ Divorced WHITE Completed 15. Dacedant's Education for only highast grada complated) 16a. Dacedent's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry (Specify only highast grada Elementary/Secondery (0-12) College (1-4or 5+) 4YRS TEACHER PUBLIC SCHOOL TEACHER 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middle, Maldan Sumama) Be JOHN TIPTON ALICE BLAIR 19a. Informent's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straet end Number or Rurel Routa Number, City or Town, Stata, Zip Code) ARA P. O'HARA (DAUGHTER) 1005 HERON COURT - SALISBURY, MD. 21804 20b. Placa of Disposition (Name of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata to Burial 2 ☐ Cramation 3 ☐ Removal from Stata 4 ☐ Donation 5 ☐ Othar (Specify) LOUDON PARK CEMETERY 6/24/97 BALTIMORE 22. Nama and Addrass of Facility
HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD 21229 Entar tha disease, or complications that causad tha death. Do not antar tha moda of dying, such as cardiac or respiratory arrast, or haart failura. List only one ceusa on aach line. Approximeta Intervel Batween Onset end Deeth Immediata Ceusa (Final Terminal Pneumonia 2 days diseesa or condition rasulting in death) Dua to (or as a consequence of) Examiner Sequantielly list conditions, if any, laading to immadiata ceuse. Enter Undarlying Causa (Disease or Injury that initiated avants resulting in daath) Last Dua to (or as e consequance of): Physician/Medical Due to (or as a consequance of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Recent pneumonia, Atherosclerotic Cardio-1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ Be Completed 24a. Wes an autopsy performed? 24b. Wara autopsy findings available prior to completion of cause of daath? vascular Disease-sever, Right Hip Fracture 410 2 No a No 1 Yes 1 Yas 25. Was case rafarrad to medical 26. Placa of Death (Check only one) Hospital: Othar: 4 Nursing Homa 5 Residence 6 Other (Specify) 2 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Deeth 1 2 Naturel Medical Certification: 28a. Date of Injury (Month, Dev Year) 28b. Time of 28c. injury at Work? 28d. Dascribe how Injury occurred 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 3 Suicide 6 Could not be datamined 28a. Place of Injury - At homa, farm, straet, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homleida 1 Certifying Phyelcian: To tha best of my knowledga, daath occurred et the tima, data and place, and due to tha cause(s) and manner as steted.

2 Medical Examiner: On the basis of exeminetion and/or investigetion, in my opinion, death occurred at the time, dete and place, end due to the ceusa(s) end mannar statad. 29a. Certifian (Check only one) 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year) June 20, 1997 29c. License number D02026 30. Name and eddress of person who completed cause of death (flem 23a) (Type, Print) MEdiCAL EXAMINER) Federico G. Arthes, M.D., 1622A Ocean Pines, Berlin, MD 21811 (410-641-4400) 31. Data filed (Month, Dey, Year) Aggistra Signatura JUN 25 1997



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth **Physician** Month Vaar MARIE ADELE GUERCIO 21, 1997 5:15 P.M. JUNE /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death **Examiner** SUMMIT NURSING HOME CATONSVILLE BALTIMORE 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number If Under 1 Yeer If Under 24 Hrs. 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) **Funeral** Days Hours 1□ M 2☑ F 220-46-7084 Yrs Director 96 MARYLAND NOV 2,1900 Usuel Residence of Decedent 10e. Stete 10c. City, Town or Location r 28a-f show 10b. County 10d. Inside City Limits 1 Yes X No Director BALTIMORE MD BALTIMORE 10e. Street end Number 10f. Zip Code 10o. Citizen of What Country? 7 is marked other than "natural", or items 23a or traumatic event, ma Medical Examinar must be r permit. Peges 1 and 2 should be filed within 72 hours after death v Department of Health and Mental Hygiene. Important: If Itam 27 is marked other than "natural", or Itema 23a any Injury or other traumatic event, the Medical Examiner research. 21228 U.S.A. 1923 OLD FREDERICK ROAD Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No if Yes, Give Yeer or Detes: 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerlo Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 □ Never Married 2 □ Married 1 ☐ Yes 2 ☑ No Specify: è Specify: 3 Widowed 4 Divorced WHITE Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) HOMEMAKING HOMEMAKER 6TH GRADE 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) SOPHIA MILLER GEORGE PFEIFFER 0 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 1923 OLD FREDERICK ROAD-BALTIMORE, MD DORIS ROSSON (DAUGHTER) 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 □ Buriel 2 □ Cremetion 3 □ Removei from Stete 6/25/97 OUDON PARK CEMETERY BALTIMORE 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Facility
HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD 21229 23a Pert1. Enter the disease, of complications that caused the dailh. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart fellure. List only one cause on each line. Approximete intervel Between Onset end Death Physician CREBROUASCULAR AccideNT /Medical Immediete Cause (Finet disease or condition resulting in death) Examiner ATHE poscleposis Examiner eneral zed physician end the buriel-tran Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Physician/Medical Due to (or es e consequence of): 80 esn for Part II Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? the signed by 1 Yes 2 No 3 Probably 4 Unknown ementia þ 8 24b. Were autopsy findings eveilable prior to completion of cause of deeth? heart disease Hypertension 24e. Wes en eutopsy performed? Completed page 2 2 No director, 25. Wes case referred to medical exeminer? Be 28. Place of Deeth (Check only one) 1 Yes 2 No Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28e. Date of Injury (Month, Dey Year) funeral 27. Manner of Deeth 28b. Time of 28d. Describe how Injury occurred Certification: 28c. Injury et Work? 1 Naturel
2 Accident 5 Pending Investigation Hospital or Attending
 24 hours after death.
 Funeral Director: After 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) filled in by 4 Homicide 29a. Certifier Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date end piece, end due to the ceuse(s) end menner steted. (Check only one) within 2 To the 29d. Date signed (Month, Dey, Year) 29b. Signature end title of certifier ATTENDING 30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

State Registrar 31. Dete filed (Month, Dev. Yea JUN 2 5 1997



with the Maryland

Baltimore, Maryland 21215-0020

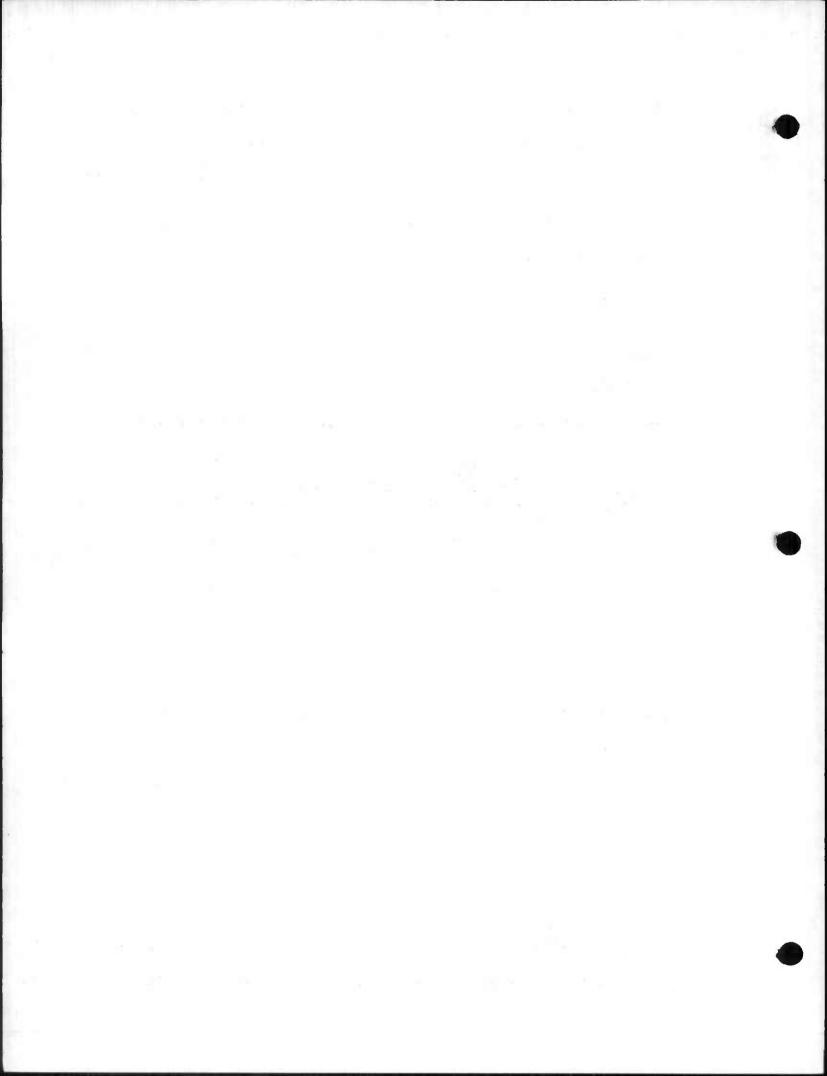
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Attending

P.O. Box 68760

Bacords,



WRC 97-3329-510 BENJAMIN BURKE

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State of Maryland / Department of Health and Mental Hygiene 07

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Registrar

29b. Signature and titla of certifier

JUN 2 5 1997

d eddress diperson who complated cause of death (Item 23e) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

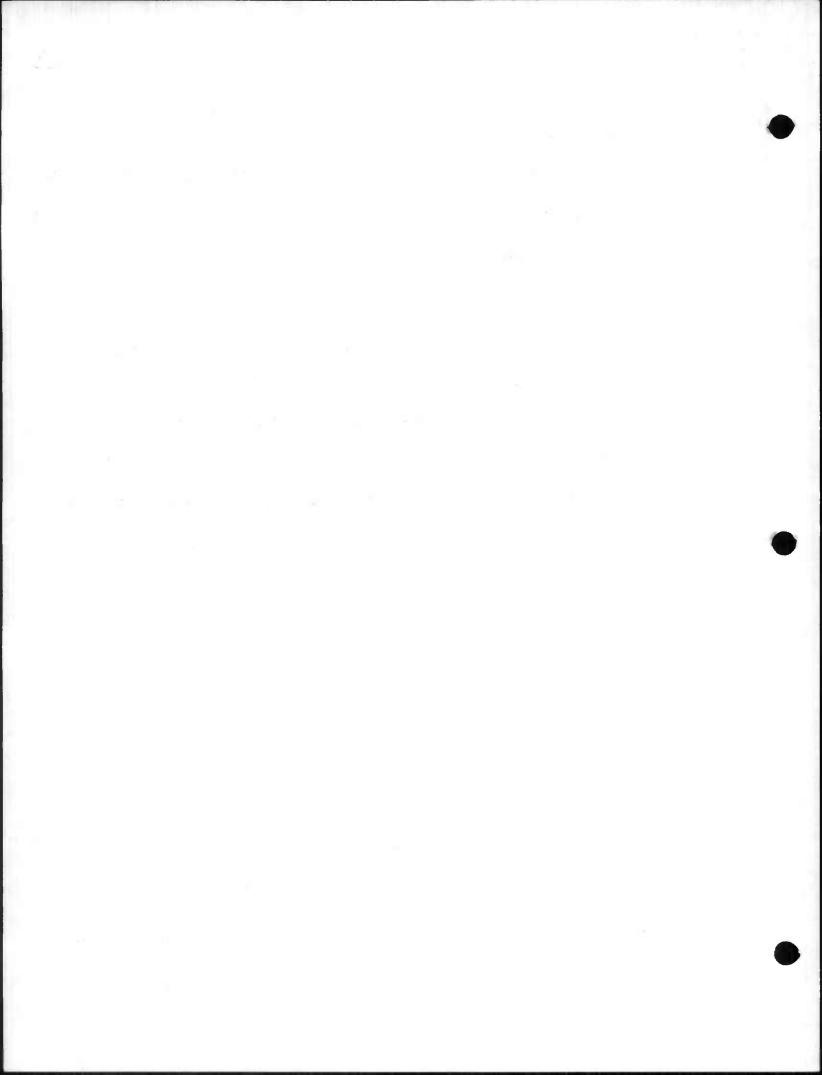
29c. License number

O.C.M.E.

29d. Date signed (Month, Dey, Year)

JUNE

18, 1997



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death zabeth Harris 8:50 PH June 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death of System Maryland Medical University paltimore 8. Dete of Birth (Month, Dey, Yeer) NOV. 30, 19 5. Sociel Security Number 7. Age (In yrs. lest birthday) Under 24 Hrs. Birthplace (State or Foreign Country) Deys 1□M 2□F Months Hours 162-32-6933 56 NOV. 1940 Pennsylvania Usual Residence of Decedent 10a, State 10b. County 10c. City, Town or Location 10d. Inside City Limits Del. New Castle Wilmington 1 Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1 Chapel Crest Lane 19810 USA 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritel Status 14. Race - American Indian. Bleck, White, etc. 1 ☐ Yes 2X No If Yes, Give Year or Dates: 1 Never Married Married 1 ☐ Yes 2√2 No Specify: 3 Widowed 4 Divorced white 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Supervisor Household Finance 17. Father's Name (First, Middle, Lest) 18. Mother's Neme (First, Middle, Meiden Surneme) R. Franklin Beauchamp Elizabeth Woods 19a. Informent's Neme/Relationship (Type, Pnht) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Howard E. Harris - husband 1 Chapel Crest Lane, Wilmington, Delaware 19810 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 X Burial 2 C 3 Removel from Studie 6/18/97 Lawn Croft Cemetery Linwood, Pa. 4 Donation (Specify) 21. Signature of F 22. Name and Address of Facility Gary L. Kaufman Funeral Home at Meadowridge 7250 Washington Blvd., Elkridge, Md. nulcations that of se one ceuse on leach Enlay the disease, or com or heart fallure. List only comi Immediate Ceuse (Finel disease or condition resulting In death) Myocardial Kidney Transplant Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown disease 24b. Were autopsy findings evallable prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yes 1 Yes 2 No 25. Was case referred to medical examiner? 28. Place of Death (Check only one)

Physician /Medical Examiner

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Certification: To

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State Registrar 27. Manner of Death

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29a. Certifler

Examiner

Funeral

Director

item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, it a Modical Examiner main be nothing all

permit. Peges 1 and 2 should be filed within 72 hours after death Department of Health and Mental Hygiene. Important: If Item 27 Is marked other than "natural", or Items 23

Maryland 21215-0020

Baltimore,

Box 68760.

P.O.

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with the Maryland

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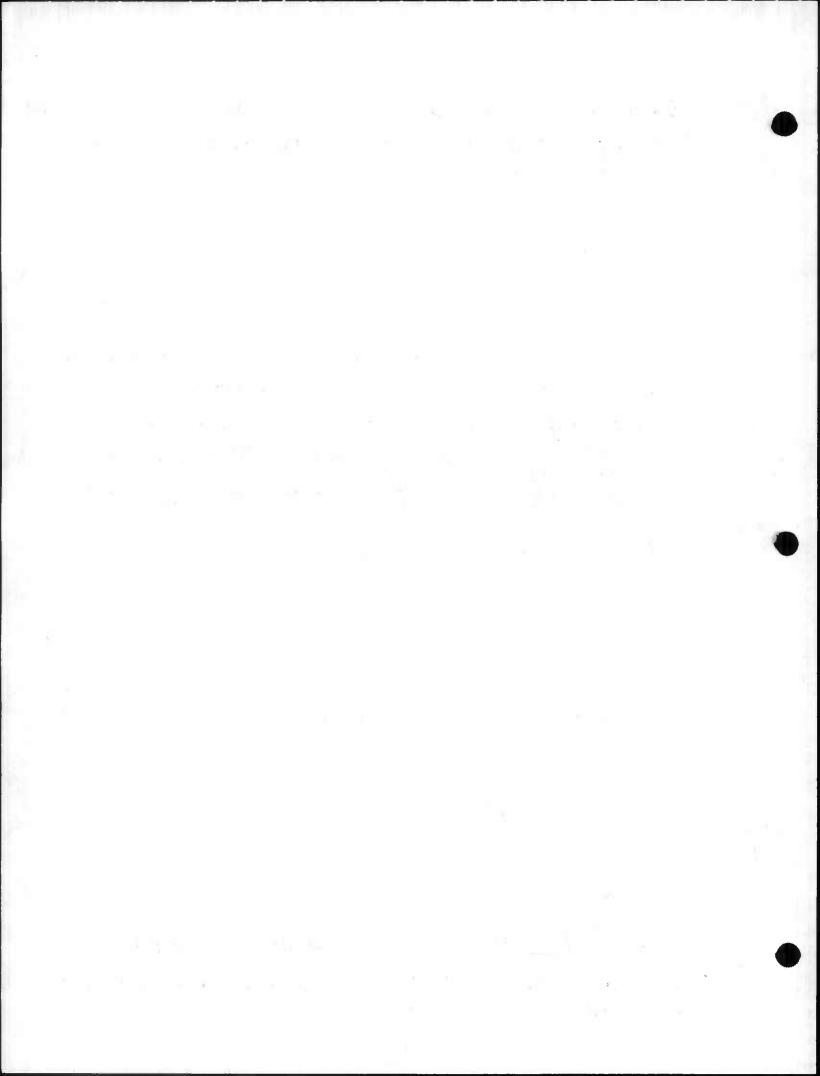
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Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpetient 3 DOA 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 Yes 2 No 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end piece, end due to the cause(s) end manner as stated. 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, dete end place, and due to the cause(s) end manner stated. 29b. Signature and tilled and lie

29c. License number 29d. Date signed (Month, Dey, Year)

and address of person who completed cause of deeth (Item 23e) (Type, Print) 223 Greene Street Baltimore, Md. 21201

DHMH 16 Rev 6/95



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth 475 Month ovetto Haynie 06 4e. Fecility Neme (If not institution, give street and number) Town, or Location of Death 4c. County of De . Sociel Security Number 219-38-7268 If Under 1 Year | If Under 24 Hrs. 6. Sex 9. Birthplece (State or Foreign Country) 4 VIRGINIA 7. Age (In yrs. lest birthdey) Days 28, 1914 1 M 2/Jy 82 Yrs Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits MD 1X No 2 No n/a BALTIMORE 10e, Street end Number 10f. Zip Code 10g. Citizen of What Country? 5867 PIMLICO ROAD 21209 UNITED STATES 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes Ā(Ā)No If Yes, Give Yeer or Detes: Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 11. Meritel Status 1 ☐ Never Merried 2 ☐ Married 1□ Yes 2□ No Specify: BLACK X☐XWidowed 4 □ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry CONSTANT HEALTH Elementery/Secondary (0-12) College (1-4or 5+) LABORER ťh CARE CENTER 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) NATHAN SMITH MARY BRAXTON Ε. 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) HAYNIE- DAUGHTER 5862 PIMLICO ROAD, BALTIMORE, MD 21209 CAROLYN 20b. Plece of Disposition (Name of cametery, cremetory or other pleca) 20e. Method of Disposition Dele 20c. Location - City or Town, Stete XI N Burial 2 ☐ Cremetion 3 ☐ Removel from State ARBUTUS MEMORIAL PARK6-27-97 ARBUTUS, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Service Licensee 22. Neme end Address of Fecility WM. C. MARCH FH.-4300 WABASH Warren AVENUE 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) Due to (or as e consequence of): Due to (or es e consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings eveileble prior to completion of cause of death? 24e. Wes en eutopsy performed? 2 12 No 1 ∏ Yes 2 ∏ No 26. Piece of Death (Check only one)

Physician /Medicai Examiner

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physician s the burie

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Mospital 24 hours a Funeral C

To the F within 2

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80 for use

Box 68760.

Records, P.O.

permit. Pages 1 end 2 st Department of Health end Important: if item 27 ls m any Injury or other traum once.

Physician

/Medical

Examiner

10a. State

Director

Funeral

by

Completed

Funeral

Director

7 is marked other than "natural", or items 23e or 28a-f show traumatic event, the Medical Examiner must be notified at

2 should be filed within 72 hours efter deeth ned Mental Hygiene.
Is marked other than "natural", or itema 23

the Meryland

Examiner Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury thet initieted events resulting in deeth) Lest þ

Physician/Medical Completed 2 Certification:

Medicai

25. Wes case referred to medical exeminer? 1 Yes 2 D NO 27. Menner of Deeth

5 Pending investigation 1 Neturel 2 Accident Could not be 3 Suicide 4 - Homicide

29e. Certifie (Check only one) 1 ☐ Inpatient 2 ☐ ER/Outpetient

28e. Date of Injury (Month, Dey Year) 28b. Time of

28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify)

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

28c. Injury et Work? 28d. Describe how Injury occurred 1 ☐ Yes 2 ☐ No

28f. Location (Street end Number or Rurel Route Number, City or Town, State)

🖆 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the cause(s) end menner es steted. 2 Medical Examiner: On the basis of exemination end/or investigation, in my opinion, deeth occurred et the time, date end piece, end due to the ceuse(s) end manner stated.

29b. Signeture end title of certific Hanry Co un lu 29c. License number

300 DOA

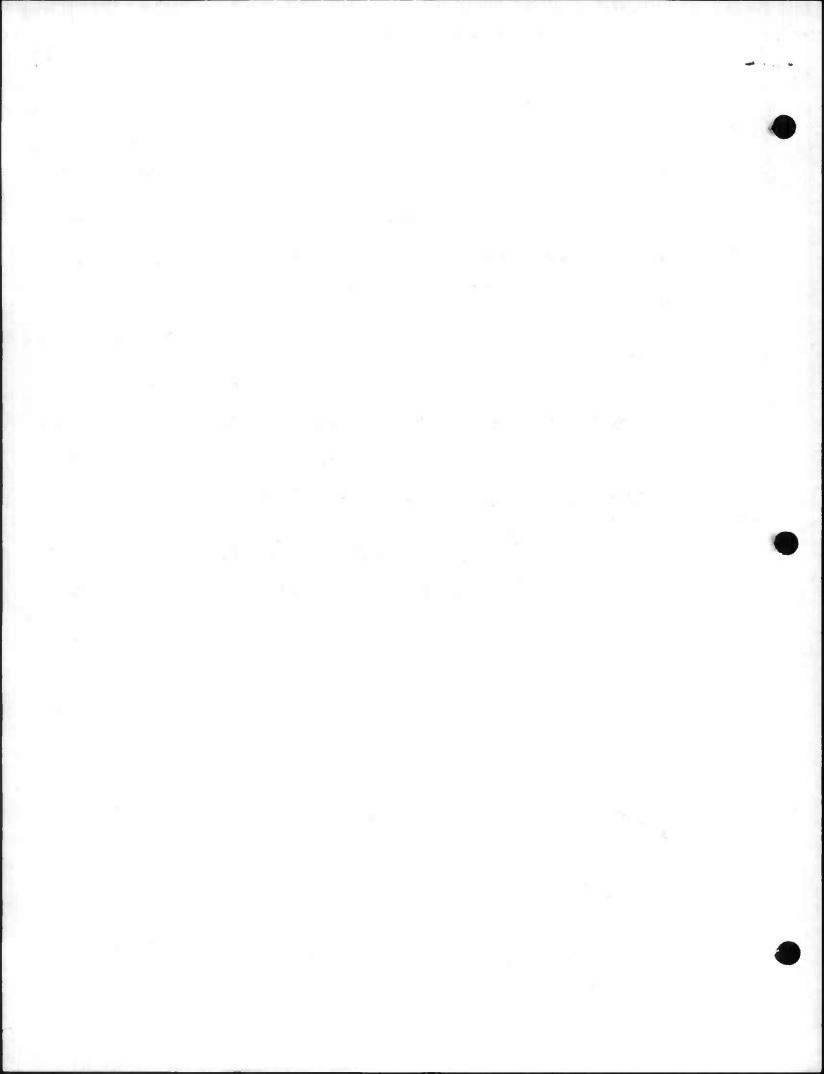
29d. Date signed (Month, Dey, Yeer)

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

Finally M. Chun M.D. 2435 W. BUV 1 alanghan sipanda 12

31. Dete filed (Month, Day, Year)
JUN 2 5 1997

Registrar

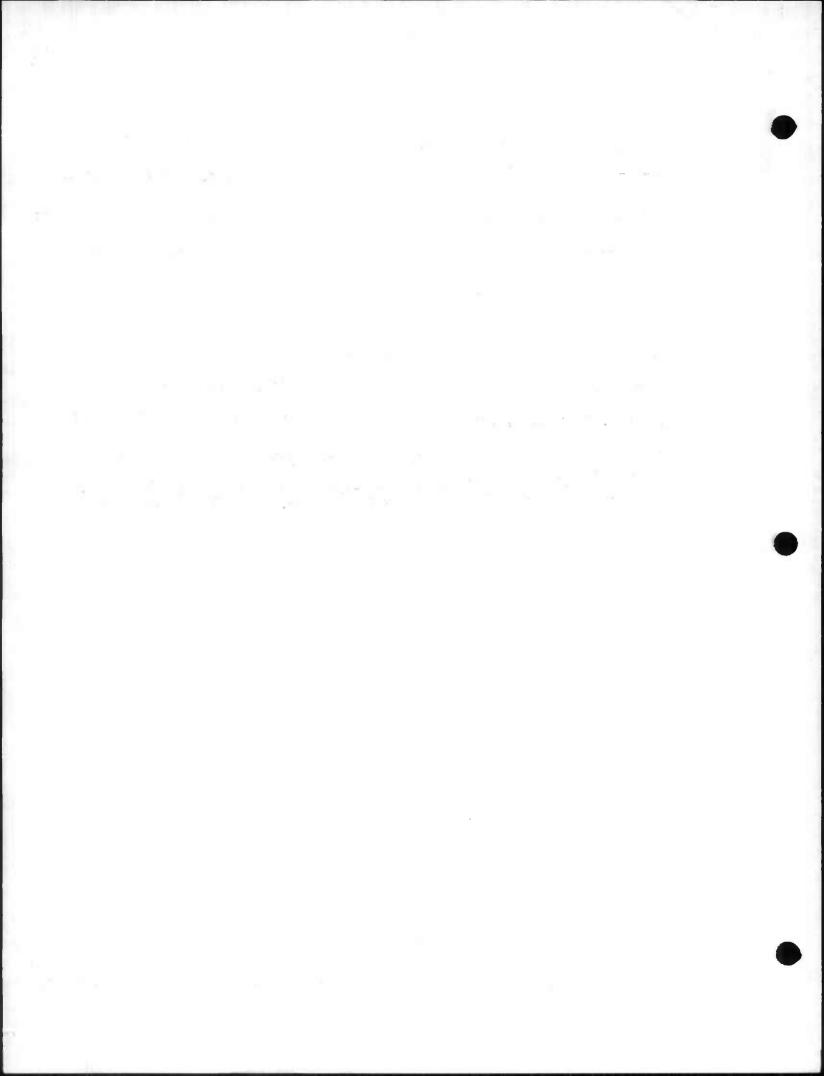


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	Maryland - show	tor	Usual Residence of Decedent 10a. State 10b. County Maryland	Baltimor		Town or Locat	lion		Edgem	ere	1	10d. inside City Limits 1 ☐ Yes ②CXNo
	ith with the Maryla 23a or 28a-f should be notified at	Funeral Director	10e. Street end Number 7327 Geise Av				10f. Zip Code	21	219	10g. Citizen	of What Court	
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	2 0 0 0		19e. Informant's Name/Relationst Wr. & Wrs. Jame 20e. Method of Disposition			19b. Mailing A	Geise A	end Number or F Venue E	dgemere Dete	, Mary	land:	21219
Baltimore,	Parity Parity		12 Burial 2 Cremation 4 Donation 5 Other (Sc	ecify)	te ce	Lawn C	emetery lame and Addre	6/23/1			imore,	
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x 68760,	death certificate be executed e attending physician and of for use as the buriel-transit	/Medical Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that Initiated events resulting in death) Last	b		as a consequer						
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Division of V	ding Phys h. After this funeral di	Certification: To	27. Manner of Death 1 Naturel 2 Accident 3 Suicide STORY 1 Suicide 1 Valurel 2 Could n	ation 6/20/97	njury Day Year)	28b. Time of Injury UNKNOWN		4 🗆 iauising	subject	now Injury of ingested	drugs a	and alcohol
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	To the within 2 To the comple	Med	one) 29b. Signature end title of certifier	end manner	stated.	1-	29c. Licens			29d. Date si	gned (Month,	Dey, Year)
	(0		30. Neme and address of person v	O .			nt)	C.M.E.	Dal4-2		21,199	
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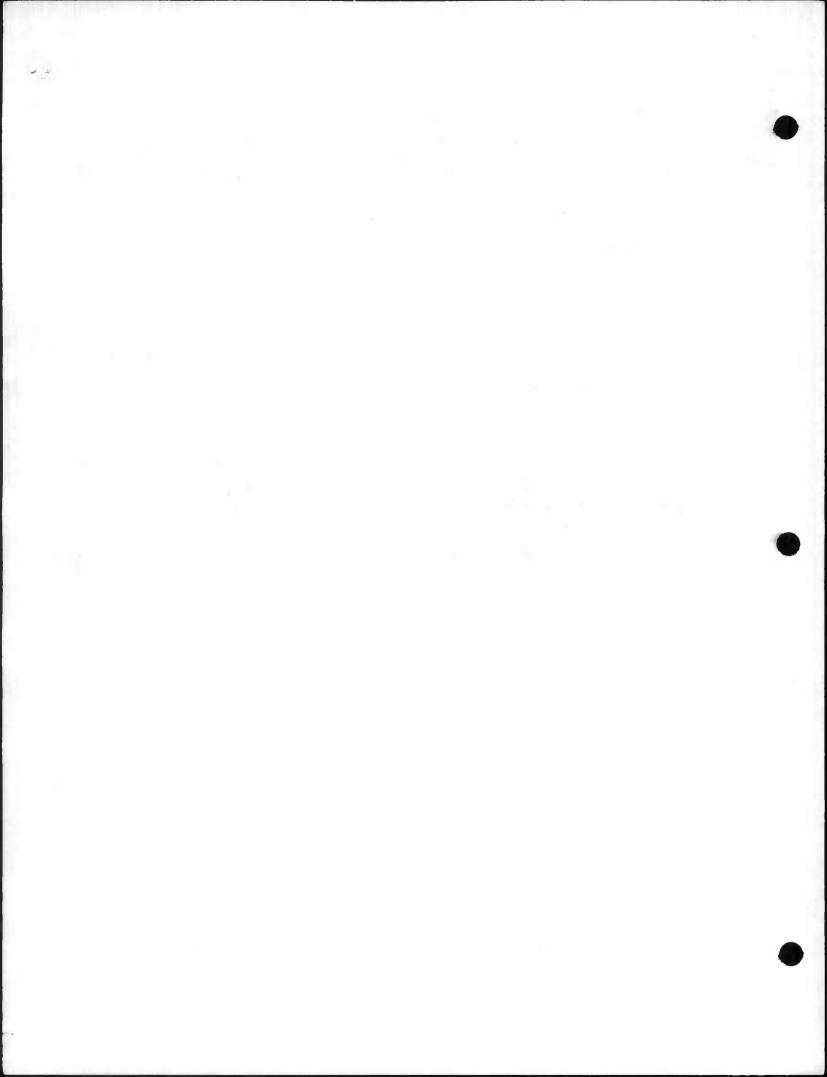


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death Month **Physician** HYDER 4b. City, Town, or Location of Death 5.00 ALL CONNIE /Medical 4a. Facility Nama (If not institution, giva street and number) 4c. County of Death **Examiner** Howard County General Hospital Columbia Howard County 7. Aga (In yrs. iast birthday) If Undar 1 Yeer If Undar 24 Hrs. s. Date of Birth (Month, Days Hours Min. (Month, Day, Year) 5. Social Security Number 6. Sax 9. Birthplece (State or Foraign Country) **Funeral** 1 M 200€ 264-08-4295 Director Indiana Usual Rasidanca of Decedent death with the Maryland 10e. Stata 10b. County 10c. City. Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at Maryland Howard County Columbia 1 Yes 2 TINO Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 21044 5401 Columbia Road # 935 TISA Funeral 12. Wes Decedant Ever in U,S. Armed Forcas? 1 ☐ Yas 2 ☐ ₩6 If Yas, Giva Yaar or Datas: Was Dacedant of Hispanic Origin? (Specify Yes or No-If Yes, spacify Cuben, Maxican, Puarto Rican, atc.) 14. Race - American Indien, Black, Whita, atc. 11 Marital Status filed within 72 hours after Hygiene. Wher than "natural", or ite 1 Navar Married 2 Marriad altimore, Maryland 21215-0020 1 Yas 2 No Specify: Specifish ite þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation 15. Dacedant's Education 16b. Kind of Business/Industry (Spacify only highest grada complated) (Giva kind of work dona during most of working lifa. DO NOT use retired) Elamantary/Secondary (0-12) Collega (1-4or 5+) 12 processor insurance industry Peges 1 and 2 should be filed tent of Health and Mental Hygis nt: If item 27 is marked other 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Meidan Surnama) Joseph Stover Thelma Lorton 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) Mr. Marshall E. Hyder/spouse 5401 Columbia Road #935, Columbia, MD 21044 20b. Placa of Disposition (Nama of cematary, crametory or othar placa) 20e. Mathod of Disposition 20c. Location - City or Town, Stata 6 1 ☐ Burial 2 ☐ Camation 3 ☐ Ramoval from Stata permit. Pege Department of Important: if any injury or once. Baltimore Washington Crematory 4 ☐ Donation 5 ☐ Othar (Specify) 6-22-97 Laurel, Maryland 21. Signatura of Funeral/Sarvica Licansaa 22. Nama and Address of Facility Slack Funeral Home, P.A. Part1. Entar tha disaasa, or complications that causad the death. Do not anter the mode of dying, such as cardiac or respiratory arrast, hock, or heart failure. List prily one cause on each line. Approximate Intarval Batween Onset and Death **Physician** Metastatic breast Concer /Medical Immediata Cause (Final year s disaasa or condition rasulting in daath) Examiner Examiner icate be executed burial-transit Sequentially list conditions, if eny, laading to immediata cause. Entar Undarlying Causa (Disaase or injury that initiated avants rasulting in deeth) Last pue Dua to (or es a consaguance of): 68760 physician Physician/Medicai the Dua to (or as a consequence of): Part II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by d be detact 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24b. Were eutopsy findings evailable prior to completion of cause of death? Completed 24a. Was an autopsy performad? certificate 1 Yes 28 No 1 ☐ Yas 2 No Attending Physician: 25. Was casa rafarrad to madical 26. Pleca of Daath (Check only ona) axaminar? Hospital: 2☐ ER/Outpatient 3☐ DOA Other: 4 Nursing Home 5 Rasidenca 6 Othar (Specify) 1 Yas 2 No 2 this funeral 28c. fnjury af Work? 27. Mannar of Death 28e. Data of fnjury (Month, Day Year) 28b. Tima of 28d. Describe how injury occurred Certification: After 5 Pending invastigation Natural death. 1 Yas 2 No To the Hospital or Attendit within 24 hours aftar death. To the Funeral Director: A complataly filled in by the fu 2 Accident 6 Could not be determined 3 ☐ Suicida 28f. Localion (Straet and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 I Homicide edical Certifying Physicien: To the best of my knowledge, deeth occurred et the time, data end place, end dua to the ceuse(s) and menner es steted.

2 Medical Examiner: On the basis of axaminetion end/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner stated. 29a. Cartifier 29b. Signature and titla of cartifiar 29c. Licansa number 29d. Data signed (Month, Day, Yaar) 241139 30. Nama and address of person who completed cause of death (Itam 23a) (Type, Print) Petuxent Parkway, Columbia, M.) 21044 Little 11065 32. Registrar's Signetura

Gelia Davidson-Randalle 31. Date filad (Month, Day, Yaer) State Registrar JUN 2 5 1997



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Dete of Deeth 3. Time of Death Month Physician DANIEL HOPE. Jr. VUNE 1997 /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 6001 FOXHALL FARM ROAD CATONSVILLE MARYLAND If Under 1 Year 8. Date of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. lest birthdey) Birthplace (State or Foreign Country) **Funeral** 15 M 20 F Months Days Min. Yrs Director 80 559-14-7707 05/18/1917 MARYLAND Usual Residence of Decedent Manyland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at MD BALTIMORE 1 ☐ Yes 2 No Director CATONSVILLE the 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ò 6001 FOXHALL FARM ROAD items 23a 21228 U.S.A. Funerai 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 72 hours efter Nes 2 No K¥es, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 6 1 ☐ Yes 2 ☐ No 3. Widowed 4 □ Divorcad Specify: þ WHITE "natural". WWII. Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Peges 1 and 2 should be filed within another of Health and Mental Hygiene. Int: if Item 27 Is merked other than 1 Elementary/Secondary (0-12) College (1-4or 5+) PHYSICAL HEALTH CARE 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be DANIEL HOPE, SR. FLORENCE BAKER 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) other 6001 FOXHALL FARM ROAD CATONSVILLE, MD 21228 DAVID D. HOPE (SON) 20a. Method of Disposition 20b. Place of Disposition (Name of cametery, cremetory or other place) Date 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 10 permit. Pege Department of Important: ff eny Injury or MARYLAND CARROLL CREMATION 6/21/97 22. Name and Address of Facility WITZKE FUNERAL HOMES, INC. 21. Signature of Funeral Servica Licenses 23a. Pert1. Enter the disease, or camplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset end Deeth **Physiclan** /Medical Immediate Cause (Final CARCINOMA, COLON disease or condition resulting in death) Examiner Examiner YR LETASTATIC MELANOMA bunal-transit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest and Due to (or as a consequenca of) Box 68760 physician 20 YRS ASCVD that the death certificete be Physician/Medical the Due to (or as e consequence of) ettending P.0. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? ed by 1 Yes 2500 3 Probably 4 Unknown Records by 24b. Were autopsy findings available prior to completion of cause of death? 24e. Wes an autopsy performed? Completed 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital Be 25. Was case referred to medical - hea 28. Place of Death (Check only one) Physician examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) To 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA After this 27. Manner of Deeth 28a. Dete of Injury (Month, Dey Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred Certification: To the Hospital or Attending F within 24 hours effer death. To the Funeral Director: After 1 Natural 5 Pending investigation 1 Yes 2 No 2 Accident in by the 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 Suicide 6 Could not be determined 28e. Pleca of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 4 - Homicide 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete and placa, and due to the cause(s) end manner as steted.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end placa, and due to the cause(s) end manner stated. Medical 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 12183 VUNE 20, 1997 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) SURGERY ST. AGNES OF

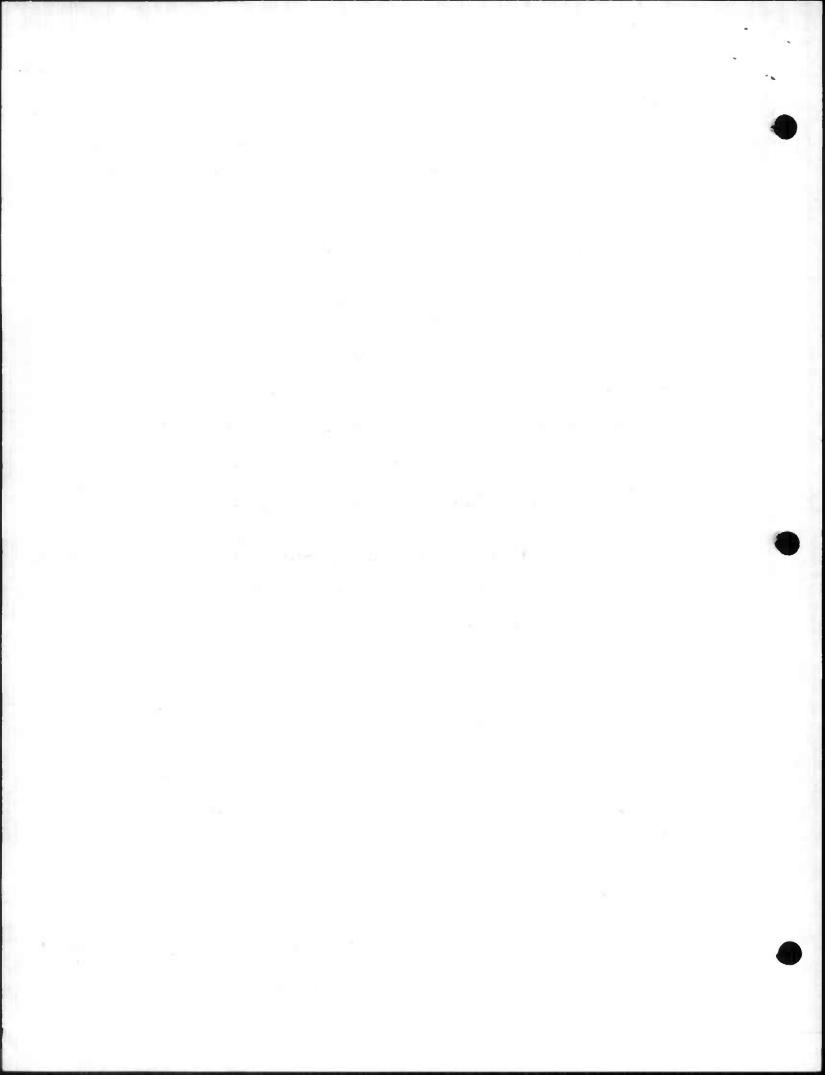
DHMH 16 Rev 6/95

State Registrar

31. Date filed (Month, Dey, Year)

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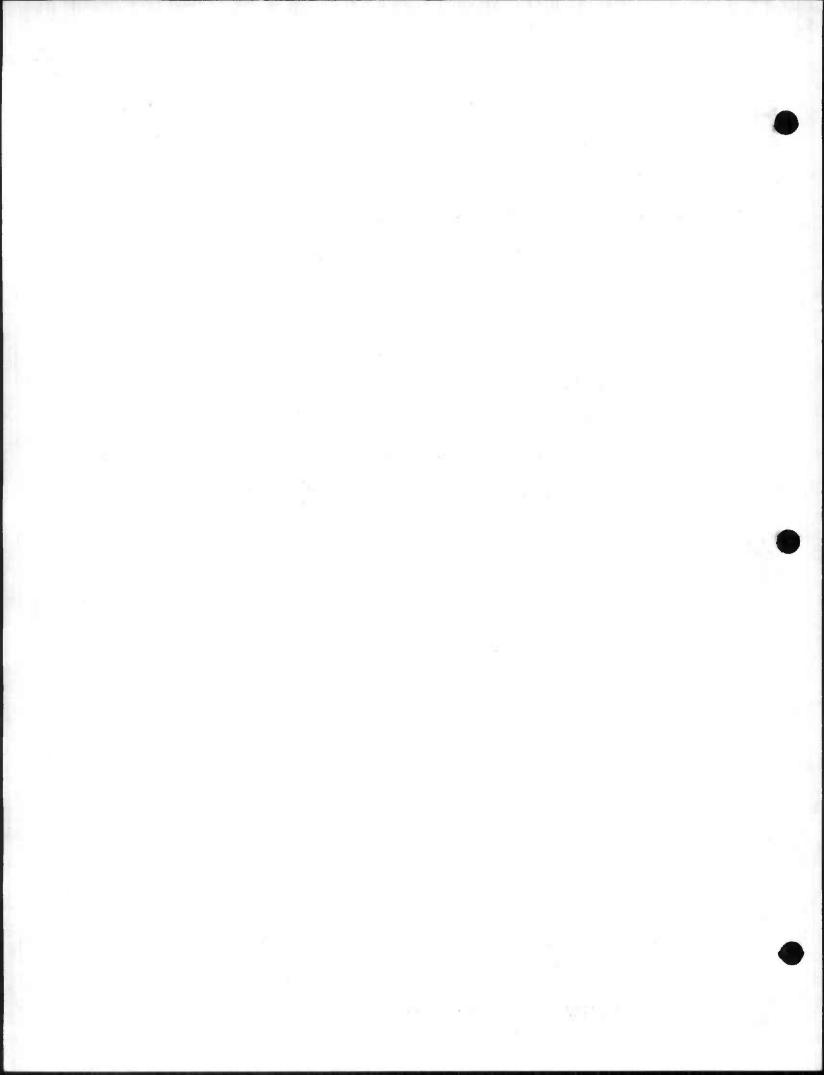
32. Registrar's Signature



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

			Decedent's Name (First, Middle, Las	t)		rtificate of		2. Dete of De	Reg. No.	97	1 9 3 43 3. Time of Deeth				
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	To the Hospital or within 24 hours after to the Funeral Dir completely filled in	edical	29e. Certifier (Check only one) 1 Certifying Phys	elclan: To the best of my knowner: On the basis of examine and menner steted.	wledge, deeth tion end/or inve	occurred at the timestigetion, in my of	ne, date end plece pinion, deeth occu	, and due to the rred at the time,	ceuse(s) end me dete end plece,	enner as sta and due to t	ted. he ceuse(s)				
	To the composite of the	X	29b. Signeture and title of certilier			29c. Licenso			29d. Dete signe						
	11			7		DI	4221		6. =	24.	87				
	1:11		30. Neme and eddress of person who co	mpleted cause of death (Item		rint)	4221 o Ba			- /	/				
			1.6.6	Row 2		2.13/4	D /31	c7 a	2122	21					
	Sta	te	31. Date filed (Month, Dey, Yeer)	3 Begistrar's Signa	iture				1.48						

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Death 3. Time of Death Month **Physician** HANCE 50 JUNE 1997 /Medical 4e. Fecility Name (If not institu 4b. City, Town, or Location of Death ion, give street and number) 4c. County of Death Examiner BALTO. MD. 21234 ROMWEL CENTER 8 RD 710 EMGE BALTIMORE 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) if Under 1 if Under 24 Hrs. Birthplace (State or Foreign Country) **Funeral** Days 1 M 2 RF Months Hours 217-01-8455 85 Director DEC 6,1911 MARYLAND Usuel Residence of Decedent Pages 1 and 2 should be filed within 72 hours after death with the Menyland near of Health and Mental Hygiens. Int. If Item 22 le or 28e-f show int. If Item 27 le marked other than "naturel", or Items 23e or 28e-f show any or other traumatic event, the Menical Exeminer must be notified at any or other traumatic event, the Menical Exeminer must be notified at 10e. State 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Director DAKOTA LAKEVIEW 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 17806 179th TRAIL WEST 35044 U.S.A. Funeral 11 Marital Status 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Bace - American Indian Black, White, etc. 1 ☐ Yes 2√√ No If Yes, Give 1 Never Merried 2 ☐ Married 1 Yes 2 No Specify: Specify: 2 WHITE 3 Widowed 4 Divorced Yeer or Dates: Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12TH GRADE CLERK MONTGOMERY WARD 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be JOHN HANLEY CARRIE WAGNER 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) JOELLEN MARSHALL(NIECE) 17806 179TH TRAIL WEST-LAKEVIEW, MN 35044 20a. Method of Disposition 20b. Plece of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, Stete 1 Burial 2 ☐ Cremetion 3 ☐ Removal from State permit. Paga Department of Important: If any Injury or once. HOLY CROSS CEMETERY 4 ☐ Donetion 5 ☐ Other (Specify) 6/24/97 BALTIMORE 21. Signature of Funeral Service Lic 22. Name end Address of Fecility HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD 21229 mplications that caused in y one ceuse on eech lin Do not enter the mode of dylng, such es cardiac or respiratory arrest, Approximate interval Between Onset and Death **Physician** /Medical Immediete Cause (Final diseese or condition resulting in death) Examiner or as aconsequence of) Examiner WEEK W. that the death certificate be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last burial-tran Due to (or as a consequence of) physician Physician/Medical tha Due to (or as a consequence of): 98 esn 0 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco uss contributs to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown pase Records, la law raquings the p 8 24b. Were eutopsy findings available prior to completion of cause of death? paga 2 should Completed 24e. Wes en eutopsy performed' 20 No 1 Ves 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 40 10 1 Yes 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Aftar this 27. Manner of Death Date of Injury (Month, Day Year) 28c. injury at Work? 28b. Time of 28d. Describe how Injury occurred Certification: Attending 5 Pending investigation 1 Natural octor: Af 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) filled in by Hospital or At 24 hours after Funeral Direct 4 Homicide To the Hoapital within 24 hours a To the Funeral Complately filled 29a. Certifier Medical 🖆 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s)

29c. License number

29d. Dete signed (Month, Day, Year)

State Registrar

DHMH 16 Rev 6/95

altimore, Maryland 21215-0020

P.O. Box 68760.

Division of Vital

7151 HOLABIRD AVE, BALTO, MD RKIS M.D. 32 Registrar's Signature

of deeth (Item 23e) (Type, Print)

end manner stated.

29b. Signeture and title of partifier

30. Name and address of person who

REDRIC

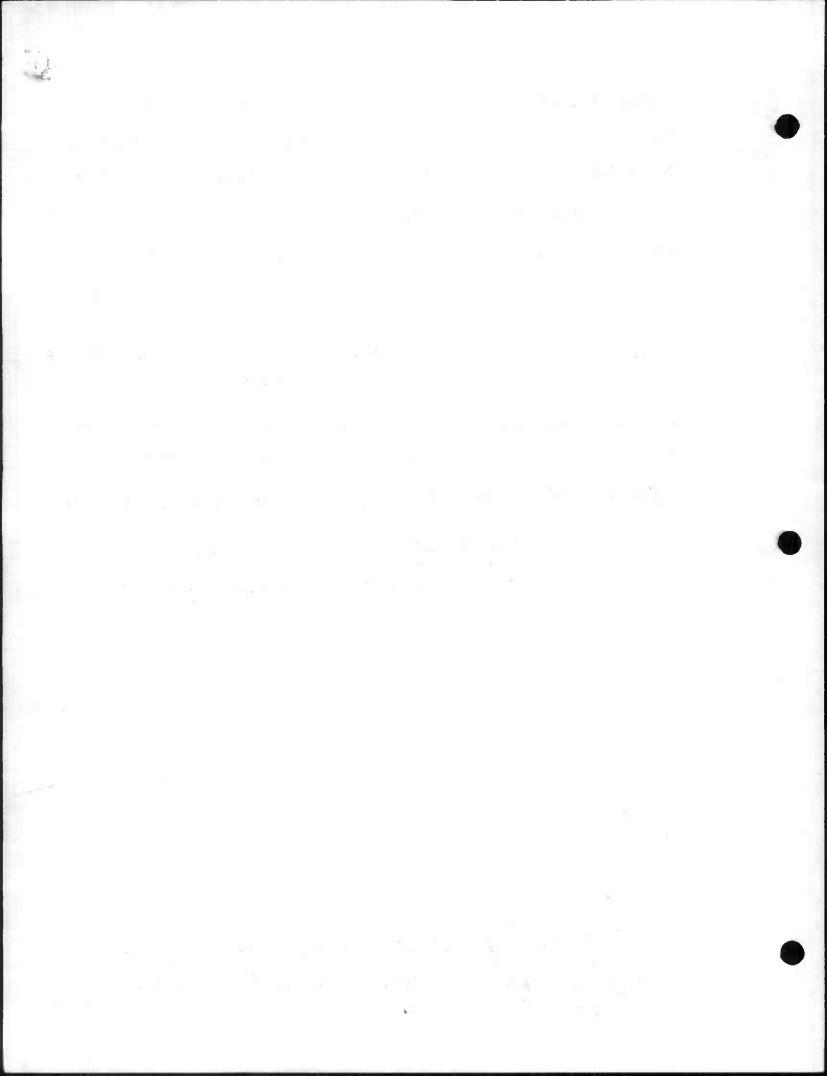
31. Date filed (Month, Day, Year)

JULIN 25 1997

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name /First, Middle, Last 2. Date of Death 3. Time of Deeth Month **Physician** 8:10pm LORRAINE E. HERRICK JUNE 20, 1997 /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 7744 WYNBROOK ROAD COLGATE BALTIMORE 5 Social Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In vrs. last birthday) Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, Yeer) **Funeral** Months Days Hours 1 □ M 2 🗙 F 214-26-4529 Yrs Director 70 SEPT.29,1926 MARYLAND Usual Residence of Decedent the Maryland permit. Peges 1 end 2 should be filed within 72 hours efter death with the Manylan Department of Heatth and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Items 23a or 28a-1 show any injury or other traumatic event, the Medical Examiner must be not their animatic event, the Medical Examiner must be not their second. 10a State 10h Counts 10c. City. Town or Location 10d. Inside City Limits BALTIMORE 1 ☐ Yes %TNo Director COLGATE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 7744 WYNBROOK ROAD 21224 UNITED STATES Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian. 11 Marital Status Bleck, White, etc. 1 ☐ Never Married 2 ☐ Married altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: by WHITE 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) 12 BOOKKEEPER OAK LAWN CEMETERY 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be FONTZ AGNES M. DELK 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) REBA ZAHORCHAK/DAUGHTER 7744 WYNBROOK ROAD BALTIMORE, MARYLAND 21224 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Burial 2 Cremation 3 Removel from Stete OAK LAWN CEMETERY JUNE 24,97 BALTIMORE, MARYLAND 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licenses 22. Name and Address of Facility Suce CHARLES S. ZEILER & SON, INC. 6224 EASTERN AVENUE BALTIMORE, MARYLAND 21224 23a. Part1. Entire the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or leart failure. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** pa myeloma involving
albodies and multiple bones /Medical Immediate Cause (Final diseese or condition resulting in death) Examine burial-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting In death) Last and Due to (or as a consequence of) be execu P.O. Box 68760. attending physician Physician/Medical the Due to (or as a consequence of): 88 use ò ed by the a Part II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobecco use contribute to the ceuse of death? 3 Probably 4 Vunknown righted by 1 ☐ Yes 2 ☐ No Records PY should be 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? Completed completion of cause of death? 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Division of this funeral 27. Manner of Death 28d. Describe how injury occurred 28b. Time of Certification: 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? After Attending 5 Pending Investigation 1 🗷 Natura! death. 1 Yes 2 No To the Hospital or Attendit within 24 hours after death. To the Funeral Director: All completely filled in by the fu 2 Accident 3 ☐ Suicide 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide edical 29a. Certifier Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medicel Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(a) 29b Signature and the of certifie 29c. License number 29d. Date signed (Month, Day, Year) 11 U 30. Name and address of person who con M.D. 9101 FRANKLINSODR \$205 BALTIMORE MD E 31. Date filed (Month, Day, Year) 32. Registrars Stgnature State JUN 2 5 1997 Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death **Physician** Nancy Mae Hosier Month June 21, 1997 /Medicai 4e. Facility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 3108 Baybriar Rd. Baltimore Dundalk If Under 1 Year If Undar 24 Hrs. Hours Min. 5. Social Sacurity Number 7. Aga (In yrs, lest birthday) 8. Data of Birth (Month, Day, Yaar) Birthplaca (Stata or Foraign Country) , Funerai Months Days Hours 1 M M N F 63 213-30-1076 Yrs Director April19,1934 Pa Usual Residence of Decadent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits must be notified at Director 1 ☐ Yas 2 ☐ No Baltimore Dundalk 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 3108 Baybriar Rd. 21222 USA Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 13. Was Decedant of Hispanic Orlgin? (Specify Yas or No-lf Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American Indien, Black, Whita, atc. Pages 1 and 2 should be filed within 72 hours after de ment of Haatth and Mental Hygiena.
Int: If Item 27 is marked other than "natural", or item ury or other traumatic event, it a Medical Examine. 1 Never Married 2 Marriad 1 ☐ Yes 2 ☑ No If Yas, Giva Yaar or Datas: Baltimore, Maryland 21215-0020 Specify: White 1 ☐ Yes 2 No Specify: Completed by 3 ☐ Widowad 4 ☐ Divorced 16a. Dacedant's Usual Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Dacedent's Education (Specify only highest grada complated) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collage (1-4or 5+) yrs. Senior Centers Ceramic Instuctor 17. Fether's Nema (First, Middla, Last) 18. Mother's Nama (First, Middla, Maidan Sumama) Be Joseph O. Browne Mary Ella Barr 19a. Informent's Name/Reletionship (Type, Print) 19b. Maliling Address (Straat and Number or Rural Routa Number, City or Town, State, Zip Code) Department of Haalth ar Important: If item 27 is any injury or other trau Ralph Hosier husband 3108 Baybriar Rd. Dundalk Md. 21222 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Method of Disposition Data 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Ramoval from Stata 4 Donation 5 Other (Spacify) Crestlawn Cem. 6-25 Howard Co. 22. Nama end Address of Fecility Connelly Funeral Home Of Dundalk iter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, heart failure. List only one cause on each line Annrovimate Intervel Batween Onset and Death **Physician** /Medical Immediate Causa (Final disaasa or condition resulting in daath) **Examiner** Examiner though show. me that the death certificate be axecuted Sequentielly list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated evants rasulting in daath) Last P.O. Box 68760. attending physician for use as the buria Physician/Medical the Due to (or es a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. 23b. Dtd tobacco use contribute to the cause of death? d peut 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, à 24b. Wara autopsy findings availabla prior to completion of cause of daath? Completed 24a. Was en autopsy performad? 1 Yes 2 No 1 ☐ Yas 2 ☐ No 25. Was cesa raferred to medicel Be 26. Placa of Death (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) To 1 Yes 2 No or Attending Phys 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Mannar of Death Certification: 28a. Data of Injury (Month, Day Year) 28b. Time of 28c. tnjury at Work? 28d. Dascribe how Injury occurred After 1 Naturai 5 Panding ours after death.

Neral Director: Aff 1 TYes 2 No 2 Accidant Invastigation 3 Suicida 6 Could not ba 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 28a. Place of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) 4 Homicida To the Hospital or within 24 hours aff To the Funeral Di completaly filled in 1 ☐ Certifying Physician: To the best of my knowledge, death occurred at tha tima, date and place, and dua to tha causa(s) and manner as stated.
2 ☐ Medical Examiner: On tha basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and dua to the cause(s) and manner stated. 29a. Certifier Medicai (Check only one) 29b. Signetura and title of continue 29c. License number 29d. Data signed (Month, Dev. Year) 30. Nama and address of person who completed cause of death (Itam 23a) (Type, Print) 12

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Levidson Bandall

32 Registrar's Signetura

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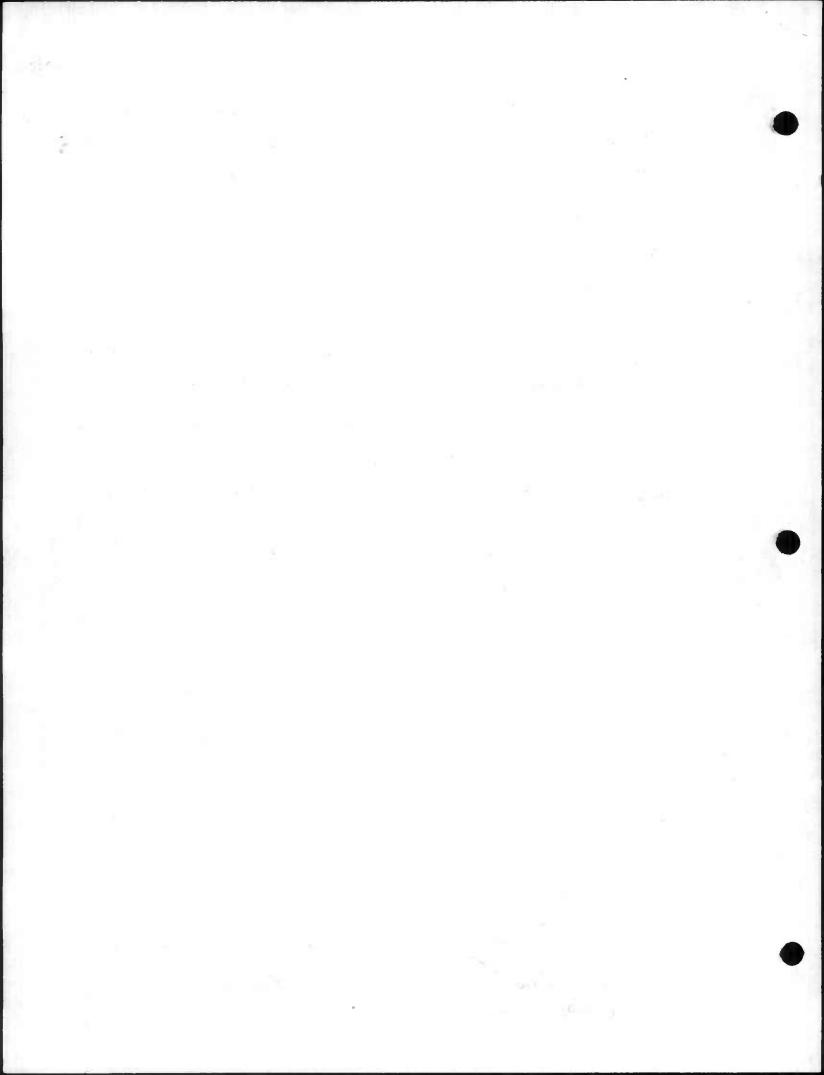
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JUN 25 1997

31. Data filed (Month, Dey, Yaar)



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Yes JUNE 19, 1997 AURA 1:30 PM /Medical 4e. Fecility Neme (If not institution, give street end number, 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** CHARLESTOWN CARE CENTER CATONSVILLE BALTIMORE If Under 1 Yeer 5. Sociel Security Number If Under 24 Hrs. Hours Min. 8. Dete of Birth (Month, Dey, Year) 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** Months Deys 1□ M 2| F Yrs. Director 216-38-2882 97 25,1899 CANADA Usuel Residence of Decedent the Maryland 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or itsms 23s or 28a-f sho trsumatic svent, the Madical Examiner must be notified at 1 ☐ Yes 2 X No Director MD BALTIMORE CATONSVILLE 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 703 MAIDEN CHOICE LANE 21228 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Orlgln? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, atc. 72 hours efter 1 ☐ Never Merried 2 ☐ Merried 1 ☐ Yes 2€ No If Yes, Give Yeer or Detes: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: b Specify: WHITE 3 □ Widowed 4 □ Divorcad 2 should be filed within 72 hours n and Mantal Hygiene. Is marked other than "natural", Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) AGENT REAL ESTATE 12TH GRADE 2 YRS 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumeme) 20 PATRICK BROTHERS EMILY HINES 19e. Informent's Neme/Ralationship (Type, Print) 19b. Melling Addrass (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 end 2 st Department of Health end Important: If Item 27 Is m any Injury or other trsum DIANE WATSON (DAUGHTER) 3590 ROUND BOTTOM ROAD - CINCINNATI, OHIO 45244 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ☑ Burlel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetlon 5 ☐ Other (Specify) ST. JOSEPH CEMETERY 6/23/97 ROXBURY, MASS. 21. Signature of Fureral Service Licenses HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD. 21229 Enter the disease of complications that caused the deeth. Do not enter the mode of dylng, such as cardiac or respiratory arrest, or heart failure. Use only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** /Medicai Immedieta Causa (Final diseese or condition resulting in deeth) EMENTIL Examiner Dua to (or as a consequenca of) Examiner physician end the burief-transit that the death certificate be axecuted Sequentially list conditions, if eny, leading to immediate cause. Entar Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of): Box 68760. Physician/Medical Due to (or es e consequenca of): attanding 980 Ö Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Records, P.O. 126 23b. Did tobacco use contribute to the cause of death? B 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Inknown Be Completed by 24e. Wes an eutopsy performed? 24b. Were eutopsy findings aveilable prior to completion of cause of daeth? 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital the Hospital or Attending Physicien: lin 24 hours after deeth. the Funeral Director: After this certification pletch filled in by the funeral director. 25. Wes case referred to medical exeminer? 26. Place of Death (Check only one) Other:

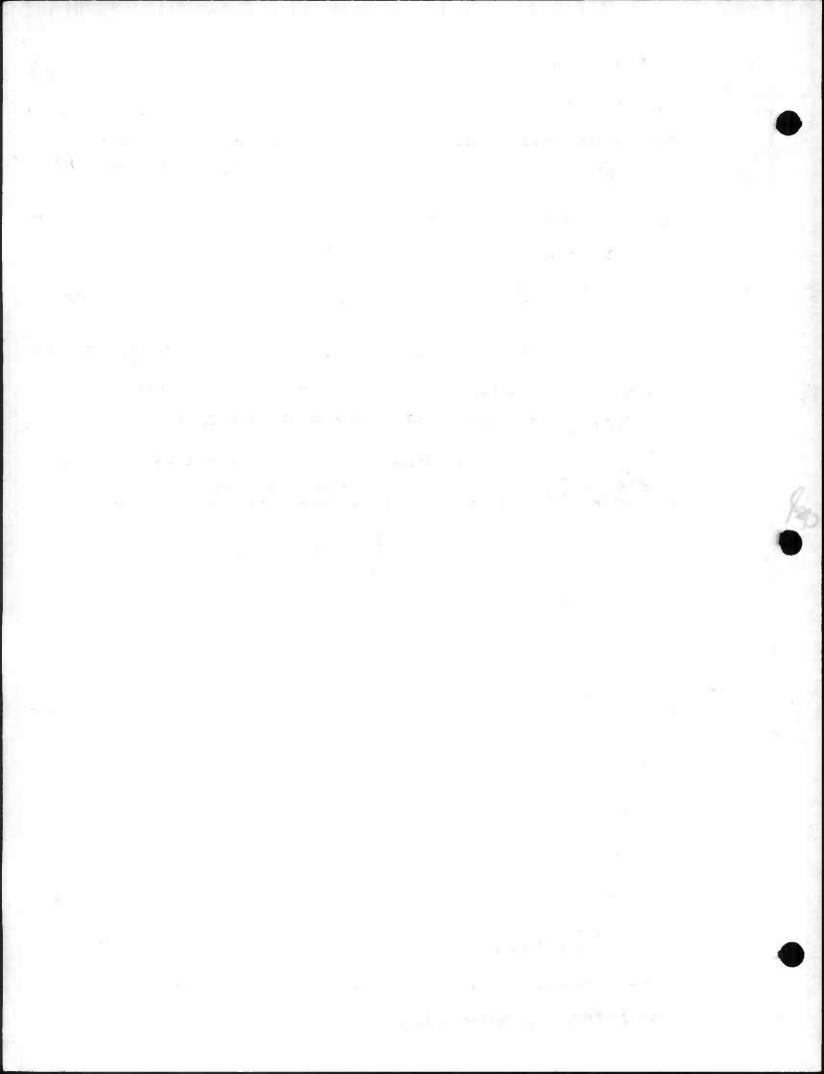
Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 Yes 200No Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Dete of Injury (Month, Day Year) 28c. Injury et Work? 27. Menner of Deeth 28d. Describe how injury occurred 28b. Tima of 1 Netural 5 Pending 1 Yes 2 No invastigetion 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, atc. (Specify) Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homloide 29a, Certifiar Medical 1 Cortifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) end menner stated. To the P within 2 To the F complet 29b. Signeture end titla of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 4.0 30. Neme end eddress of person who complated cause of deeth (Item 23a) (Type, Print) TIIMAIDEN CHOICE LANE CATONSVILLE TATTAEN ARCETT 31. Dete filed (Month, Day, Year) 22. Registrar's Signeture State JUN 25 1997 Registrar

DHMH 16 Rev 6/95

Physici /Medi Examir	an	DD MANDONI CI							Month	Day	Yaar		
Examir	cai	DR. MYRON SA	MUEL JACO	OBS					JUNE		1997	4:45 pm	
Exami	ner	4a. Facility Nama (If not Institution,					4b. City, To	own, or Lo	cation of Death	4c. County	of Death		
		GREATER BALT 5. Social Security Number		DICAL Aga (In yrs. la		TER If Under 1 Y		COWS	_		IMORI		
ineral rector		550-38-7951	XXM 2□F	75	Yrs.		ays Hours	Min.	8. Data of Birth	Yes 1922	9. Binnplac	ca (Stata or Foraign) JERSEY	
		Usual Rasidance of Dacedant											
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	o Be	LOUIS JACOBS SOPHIA							i mat, modia, r		NCER		
	P	19a. Informant's Name/Ralationship			19b. Mailir	ng Addrass (St			l Routa Number			ode)	
		DR. MIRIAM JA	ACOBS (WIF	E)					ARM, MD	21057		,	
		20a. Mathod of Disposition		000	nce of Dispo	sition (Nama o	f placa)	1	Data	20c. Location	- City or Towr	n, Stata	
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		21. Signature of Tuesral Service Licenses 22. Nama and Address of Facility SOL LEVINSON & BROS, INC.											
		8900 REISTERSTOWN RD; PIKESVILLE, MD 21208											
		Ma. Dart V Enter the disease, or co shock, or heart failure. List or	omplications that caus	ed tha daath. i lina.	Do not ant	ar tha moda of	dying, such as	cardiac o	r raspiratory arra	ast,	. A	oproximata ntarvai Batween	
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	Physician/Med	- U.											
	iysi	Part II. Other significant conditions	contributing to death	but not rasult	ing in tha ur	ndariying ceuss	givan In Part i		23b. Did tobecco use contribute to the cause of death?				
	by Pi	Chesic Aran	F.Bella.	6					1 U Y	es 20KNo	3 Probat	bly 4 Unknown	
	d b	MULTIPLE DOZAL	Per moran						24a. Was a	n autopsy	24b. Wara	autopsy findings	
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	To	axaminar? 1 ☐ Yas 2 ☑ No	Hospital: 1 ☐ Inpa	itiant 2 El	R/Outpatien	t %KDOA	0		na 3 Tes ida		nar (Specify)		
		27. Mannar of Death 1 ☑ Natural 5 ☐ Panding	28a. Data of In (Month, E	jury Day Year) 2	8b. Tima of Injury		njury at Work?	2	8d. Dascribe ho	w Injury occur	red		
	Certification:	2 ☐ Accidant Invastigat	he				1 Yas 2						
	ET.	3 ☐ Sulcida 6 ☐ Could not be datarmined 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify)							28f. Location (St. City or Town	reat and Numb n, Stata)	ber or Rural R	Routa Number,	
ĺ		29a. Cartifiar 1 Certifying	Physician: To the bas	et of my knowl	edne death	occurred at the	a time data co	nd place	nd due to the an	auca/e) and -	anner se stet-	ad	
	edicai	(Check only one) 2 Medical Ex	aminer: On the basis and manner:	of axaminatio	n and/or Inv	rastigation, in n	ny opinion, das	ith occurre	ed at tha tima, de	ata and place,	and dua to th	na causa(s)	
	Me	29b. Signatura and titia of common					ansa number		2:	9d. Data signe	d (Month, Da	ny, Year)	
		I lak bower ng J12899 Jule 17, 19									17, 199	17	
- 1	-	30. Nama and addrass of person wh	o complated causa of	f daath (Itam 2	23a) (Type,	Print)					•		
		30. Nama and addrass of person who complated causa of daath (Itam 23a) (Type, Print) Charles Obosovard III, mo 6515 d. Charles St. 305. mee ms 21204											
		Charles Work	m, in have	-> (565 1	S. CHAM	rus St	30	T. made	m) 2	1204		
Sta istr	te	Charles West 31. Data filad (Month, Day, Year) JUN 25 1997		strar's Signatu	ra		rua St	30	t.mest	my 2	1204		

DHMH 16 Rev 6/95

JACOBS, MYRON



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month 23 ٧. KING ETHEL 1997 1427 June 4b. City, Town, or Location of Deeth BALTIMORE 4a. Fecility Neme (If not institution, give street and number) HOSPITAL MEMORIAL UNION 5. Social Security Number If Under 1 Year If Under 24 Hrs. 8. Dete of Birth 9. Birthplece (State or Foreign BACountry) MORE, MD 7. Age (In yrs. last birthday) Months Days Hours Min 1□ M &□XF 218-26-0174 66 Yrs. Usual Residence of Decedent 10b County 10c. City, Town or Location R E 10d. Įņside City Limits n/a Yes 2 No 10e. Street and Number 10f. Zip Code 2 1 2 0 2 10g. Citizen of Whet Country? 633 AISQUITH STREET 11. Maritel Status 12. Was Decadent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Raca - American Indian, Black, White, etc. 1 ☐ Yes 2 ☒ Ŋo If Yes, Give Year or Detes: 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: BLACK 3 Widowed 4 Wivorced 15. Decedent's Education (Specify only highest grade completed) 18a. Decadent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) PRESSER CLEANERS 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Majden Sumame) GEORGIA BURKETT CARL E. BURRELL 19a. Informant's Name/Relationship (Type, Print) Y V O N N E G R I F F I N -19b. Malling Address (Street and Number of Fural Route Number City of Jave, State, Tip Code) 2 1133 4235 MARY RIDGE DRIVE, BALTIMORECO, DAUG. 20b. Place of Disposition (Neme of commetery, crematory or other place) CEDAR HILL CEMETERY 6-26-97 ANNE ARUNDEL CO 20a. Method of Disposition 1 Durial 2 □ Cremation 3 □ Removal from Stete CEDAR 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licansee 22. Name and Address of Facility WABASH AVENUE WM. C. MARCHF H, 4300 lade. Woma 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardlec or respiratory arrest, shock, or heert feilure. List only one cause on each line. Approximata Interval Between Onset and Death immediate Cause (Final Sepsis disease or condition resulting in death) Due to (or as a consequenca of) gram positive bacteremia Due to (or as a consequence of) Due to (or as a consequenca of): 23b. Dfd tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown

Physician /Medical Examiner

Physician

/Medical

Examiner

MD

Funeral

Director

28a-f show

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Director

Funeral

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Completed

Be

event, the Medical Examiner must be nutified at

"naturel", or items 23a

permit. Peges 1 and 2 should be filed within 72 hours eftar of Depertment of Health end Mental Hygiene. Important: if Item 27 is marked other than "naturel", or the any Injury or other treurmatic event, the Western Examined page.

Baltimore, Maryland 21215-0020

the Maryland

death

Physician/Medical Examiner attending physician and for use es the bunal-transit The lew requires that the death certificate be executed signed by the a page 2 should lificate hes Be

Records, P.O. Box 68760. Division of Vital within 24 hours after dear To the Funerel Director completely filled in by the the Hospital or

Sequentially ilst conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Last Part ff. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. þ 24b. Were eutopsy findings available prior to Completed 24a. Was an eutopsy performed? completion of cause of death? 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residenca 8 Other (Specify) 2 No Medical Certification: To 1 ☐ Yes 1 Inpatient 2 □ ER/Outpatient 3 □ DOA 27. Menner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Neturai 2 Accident 5 Pending Investigation 1 ☐ Yes 2 ☐ No 3 Suicide 6 Could not be determined 28e. Piaca of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide to certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piaca, and due to the cause(s) and manner as steted.

| Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and due to the cause(s) and manner as steted.

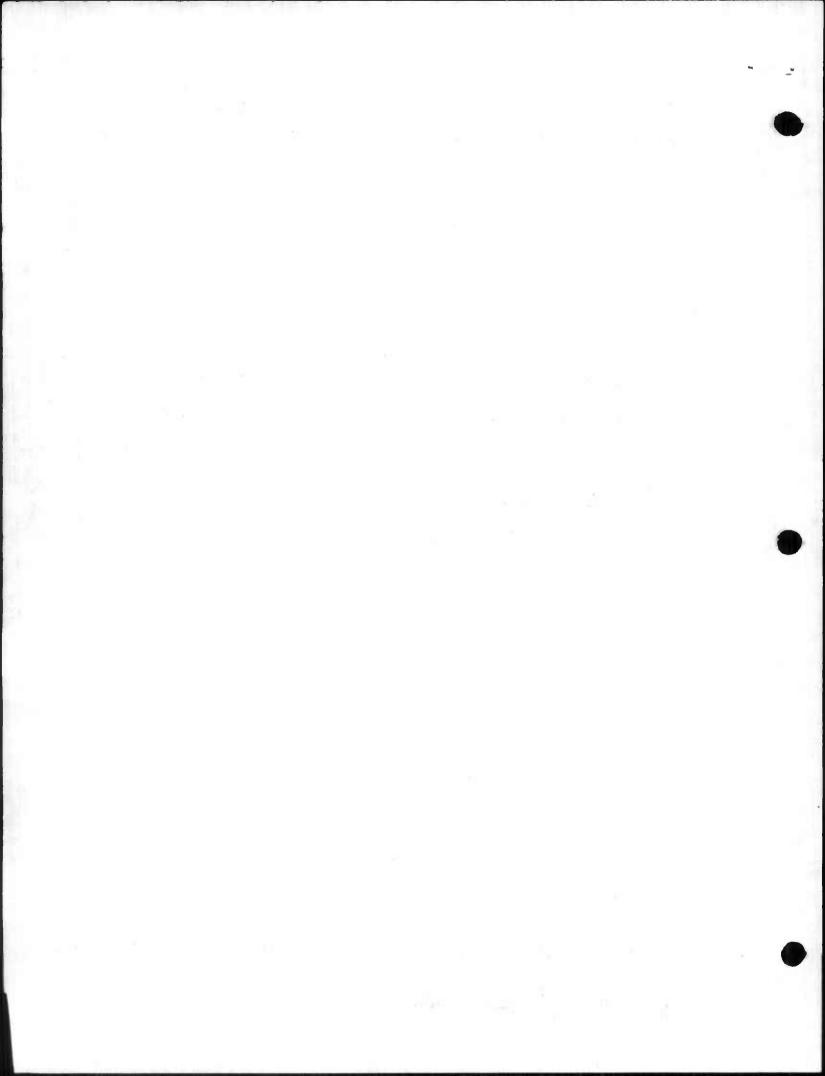
| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piace, end due to the cause(s) and menner stated. 29a. Certifier (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) June 23, 1997 AT 2438946

mo 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Balto Ma 21218

State Registrar

July Day Box Range 31. Date filed (Month, bay, Year)
JUN 2 5 1997



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Items:23a part I and II per MD G-748 6/25/97 dh Certificate of Death A port 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** CRAMER 5 ON ARd /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Fallston General Hospital Fallston Harford Hours Min. 8. Date of Birth (Month, Dey, Year) April 7, 5. Sociei Security Number If Under 1 Year 7. Age (In yrs. lest birthday) Birthpiece (State or Foreign Country) **Funeral** 1⊠M 2□ F Months Deys Yrs 215-10-7961 1905 Maryland 92 Director Usual Residence of Decedent with the Meryland 10a. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at Maryland Baltimore Baltimore County 1 ☐ Yes 2X No Director 10e. Street end Number 10f. Zip Code 10a. Citizen of What Country? ò 6502 Rosemont Avenue 21206 U.S.A. 230 by Funeral death Петв Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Reca - American Indien, Bleck, White, etc. 11. Maritel Status permit. Pages 1 and 2 should be filled within 72 hours effer d
Department of Health and Mentel Hyglene.
Important: if item 27 is marked other than "natural", or item
eny injury or other traumatic event, the Medical F 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Detes: 1 □ Never Married 2 □ Merried 1 ☐ Yes 2 TXNo Specify: White Specify: 3 Ø Widowed 4 □ Divorced Completed 15. Decadent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Printing Engraver unknown unknown 17. Fether's Neme (First, Middle Last) 18. Mother's Name (First, Middle, Meiden Surneme) Be Chartes William Kramer Elizabeth Buser 2 19e. informent's Name/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Nancy Snyder/daughter 8 East Heffner Road, Brode, Pennsylvania 17309 20b. Piaca of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete Dete 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removei from State 4 ☑ Donetion 5 ☐ Other (Specify) 22. Name end Address of Fecility
State Anatomy Board, 655 W. Baltimore Street 21. Signeture of Funeral Service Licensee Ronald S. Wade, Director Baltimore, Maryland 21201 Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset end Deeth **Physician** EHRONIC OBSTRUCTIVE PULMONARY DISEASE /Medical Immediate Cause (Final diseese or condition resulting in deeth) Examiner Due to (or es e consequença of): Examiner ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE buriel-transi Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest and Due to (or es e consequence of): physician Physician/Medical the Due to (or es e consequenca of): signed by the e Pert II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Completed by 24b. Were autopsy findings available prior to completion of cause of death? 24e. Wes en autopsy performed? peeu obstacti 1 Tyes 2 □ No Be 25. Was case referred to medical examiner? 26. Plece of Deeth (Check only one) Hospitel: Certification: To 1 Yes 2 No Other: 4 Nursing Home J⊠npatient 2 ER/Outpetient 3 DOA 5 ☐ Residenca 6 ☐ Other (Specify) funeral 27. Menner of Death 28e. Dete of injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 28c. injury et Work? 5 Pending Neture 1 Tyes 2 No 2 ☐ Accident investigetion 3 Suicide

I or Attending Physician: The law requires that the death certificete be execuefter death.

Director: After this certificate hes been signed by the ettending physician and Box 68760. Division of Vital Records, P.O. filled in by Hospital
 24 hours e
 Funeral within 24 hor To the Fune completely fi

21215-0020

Maryland

Baltimore,

6 Could not be determined 281. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier (Check only one)

Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) end menner es steted.

2 Medicat Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end pieca, end due to the cause(s) and menner steted.

29d. Dete signed (Month, Day, Year)

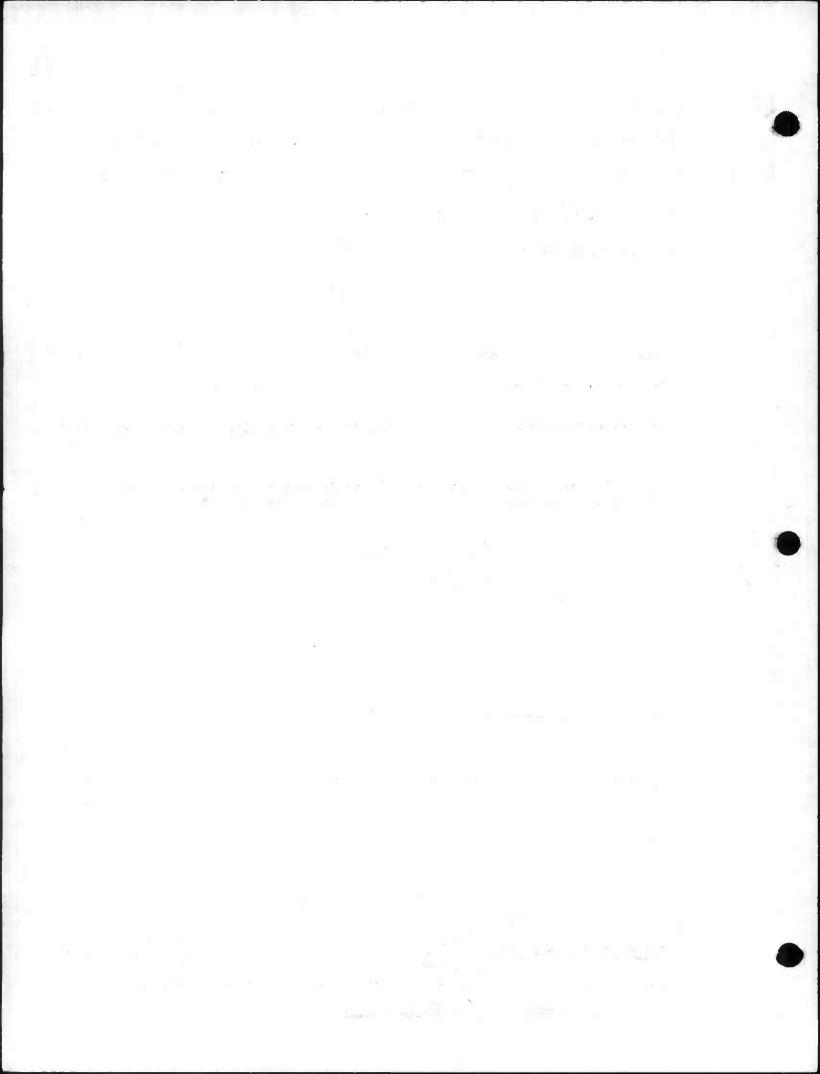
30. Name end eddress of person who completed cause of small the (Type, Print) BULLE BELAIR MASKINS 1131

BELAIR Md

State Registrar

Medical

31. Dete filed (Month, Dey, Year) 32. Regist **JUN 25** 1997



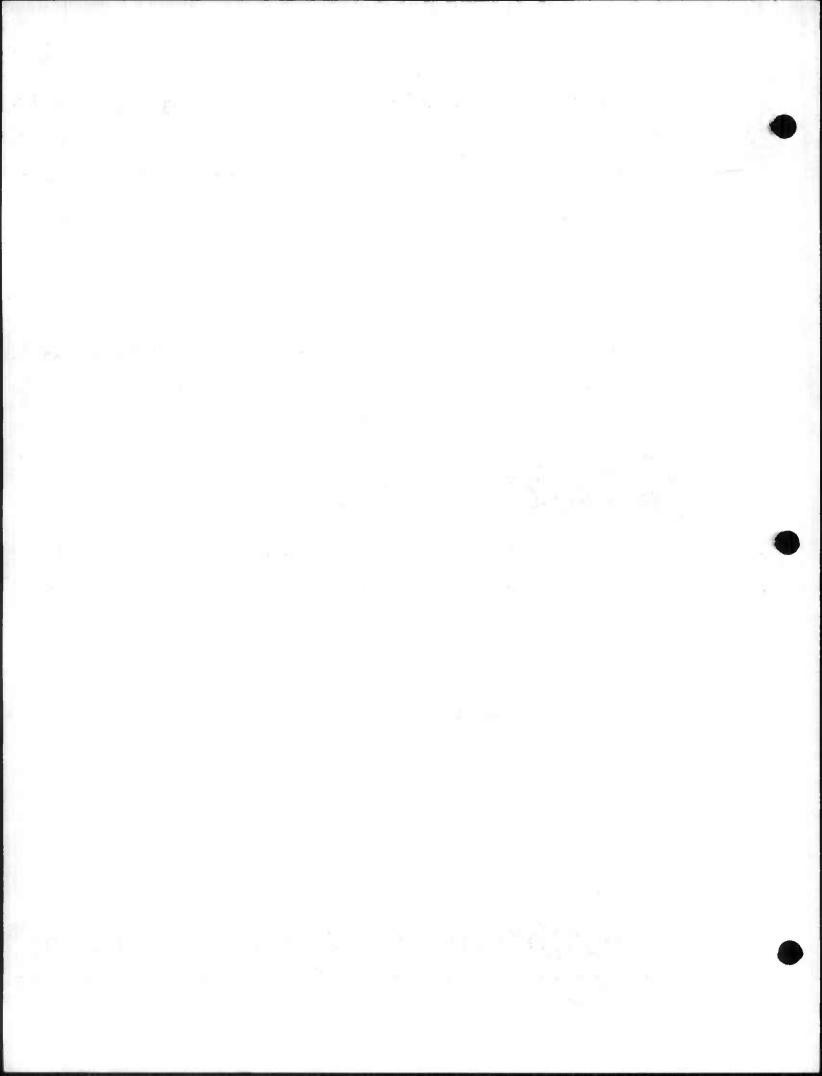
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uneral	1.	5. Social Security Number		M 2□F	7. Age (In yrs	s. last birt		Inder 1 Year oths Days	Baalti If Under 2 Hours	4 Hrs. Min.	8. Dete of B (Month, D	irth ley, Year)			e City pleca (Stata or F intry)	
irector		Usuai Residenca of Decedant			70						Dec.	2, 19	926		unknown	
28a-f show notified st	ctor	10b. Stete 10b. County 10c. City, Town or Location 2725 E Baltimore Baltimore County												10d. Inside City I		
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natural, or items 23s or 28s-f show idical Examiner must be notified at	Funeral Director	11. Marital Status unkno	12. Was Dac Armed Fo 1 ☐ Yes	12. Was Dacedent Ever in U.S. Armed Forcas?unknown 1 Yes 2 No		21224 13. Was Dacedant of Hispanic Origin? (Speif Yas, specify Cuben, Mexican, Puerto				ity Yas or N ican, etc.)	0-	Bled	e - Ameri ck, White,			
"natural", o	ed by	3 ☐ Widowed 4 ☐ Divorce		If Yas, Gi Yeer or D	re ates:		1 ☐ Yas 2☑ No Specify:				Specify: Wh					
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m 27 her t		unknown 20a. Method of Disposition 1 Burial 2 Cremetion 4 Description 5 FOther	Ramovai trom	State	Piace of	unknown of Disposition (Neme of tery, cremetory or other place)					20c. Location - City or Town, Steta					
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edical aminer		Immediate Cause (Fine) disease or condition resulting In deeth)			VVn	14	1 2	. 10 1					_	1	7:10	
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State of Maryland / Department of Health and Mental Hygiene 97

						Ce	rtificate	of	Death			Reg. No.			
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į	Exami		4e. Fecility Name (If not institution, 4424 Keenan Dr		umber)				4b. City, Tov Ellic					County of Death Howard County	
	Funeral Director		216-01-6121	6. Sex 1⊕M 2□ F	7. Age (In yrs. lest birthday) If Under 1 Year If Under 24 Hrs. Months Days Hours Min.					24 Hrs. Min.	8. Date of Birth Month, Dey, Year) August 23, 190			9. Birthplece (State or Foreign Country) 02 Massachusettes	
	e Marylend	ctor	Usuel Residence of Decedent 10e. State 10b. County Maryland Howar	d County	10c. City, Town or Location County Ellicott City										Inside City Limits
	th with th	Funeral Director	10e. Street and Number 4424 Keenan Dri	ve		10f. Zip Code 21042					10g. Citizen of What C				?
< p	72 hours after death with the Maryle "naturel", or liens 23s or 28s4 show of cal Examiner must be notified at	by	11. Marital Status 1 Never Married 2版 Marrie 3 Widowed 4 Divorced	If Yes Give			.S. 13. Was Decedent of Hispenic Origin? (Sp If Yes, specify Cuban, Mexican, Puerto			in? (Spe , Puerto F	cify Yes or N Rican, etc.)		14. Race - A Bleck, W Specify: W	American Indien, White, etc. hite	
	natur natur	Completed	15. Decedent's (Specify only highest	Education grede completed)		(Give	dent's Usuel kind of work	done	during most	of workin	g	16b. Kir	nd of Busine	ss/Indus	try
	withir than	dmo	Elementary/Secondary (0-12)	College ((1-4or 5+)		oo NOT use cturei		ø esigne	r	restal Sabr			rication/product	
		To Be C	17. Father's Name (First, Middle, L James Anthon	•		18. Mother's Name			r's Na <i>me</i>	e (First, Middle, Meiden Sumame) Cy Ann Neuberger			ay 510 xuso		
	2 8 8 8		19a. Informant's Name/Relationship (Type, Print) Ms. Jean Keenan/spouse 19b. Mailing Address (Street end Number or Rural Route Num 4424 Keenan Drive, Ellicott									mber, City or Town, Stete, Zip Code)			
Baltimore,	permit. Pages 1 end Department of Health Important: If Itam 27 any Injury or other ti once.		20a. Method of Disposition 1.00 Eurlal 2 Cremation 3 4 Contaction 5 Other (Special Service Li	ecify)	Ctate C6		netory or off n 'S Cs 2. Name end	er ple		/	7JUN97	El	cation - City licott		ty, MD
>	Physician /Medicai Examiner	iner	Imm diate Cause (Final disease or condition resulting in deeth)		MO053 caused the death each line. Due to (or	TIVE	er the mode	of dyi	RT F	AIL	respiratory a	arrest,	3	21	pproximate terval Between neet and Death
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Records,	has been s e 2 should	Completed									24a. Wes	s an autop ormed?	sy 24	svaile	eutopsy findings bie prior to tetion of cause ath?
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IN JOUR		ion: To Be	25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner of Death Natural 5 Pending	28a. Date (Mon	1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Hom							Idenca 6		pecify)	
Division	pepital or Attend hours after death meral Director; y filled in by the	Certification:	2 Accident investiga 3 Suicide 6 Could no 4 Homicide determin	me, farm, str	M eet, factory,		Yes 2□N		8f. Location City or To	(Street end wn, Stete)	d Number or	Rurel R	oute Number,		
	To the Hospital or within 24 hours afte To the Funeral Discompletaly filled in	edical C	29a. Certifier (Check only one) Certifying Medical Ex	Physician: To the kaminer: On the band man	best of my know asis of examineti ner stated.	vledge, death ion end/or In	occurred el vestigation, i	the ti	me, dete and opinion, deat	pteca, a	nd due to the d at the time,	ceuse(s) date and	and manner place, and o	as state	id. e cause(s)
	TOT WHAT SOME	M	256. Signature and title of cartifier	TAM	aur	2 N	10	Licens	29	90	9		signed (Mo		y. Year) 7,1997
	30		00011	RENMI	se of deeth (Item	23e) (Type,	Print)	JA	PULIS	R	D E				nD 2104
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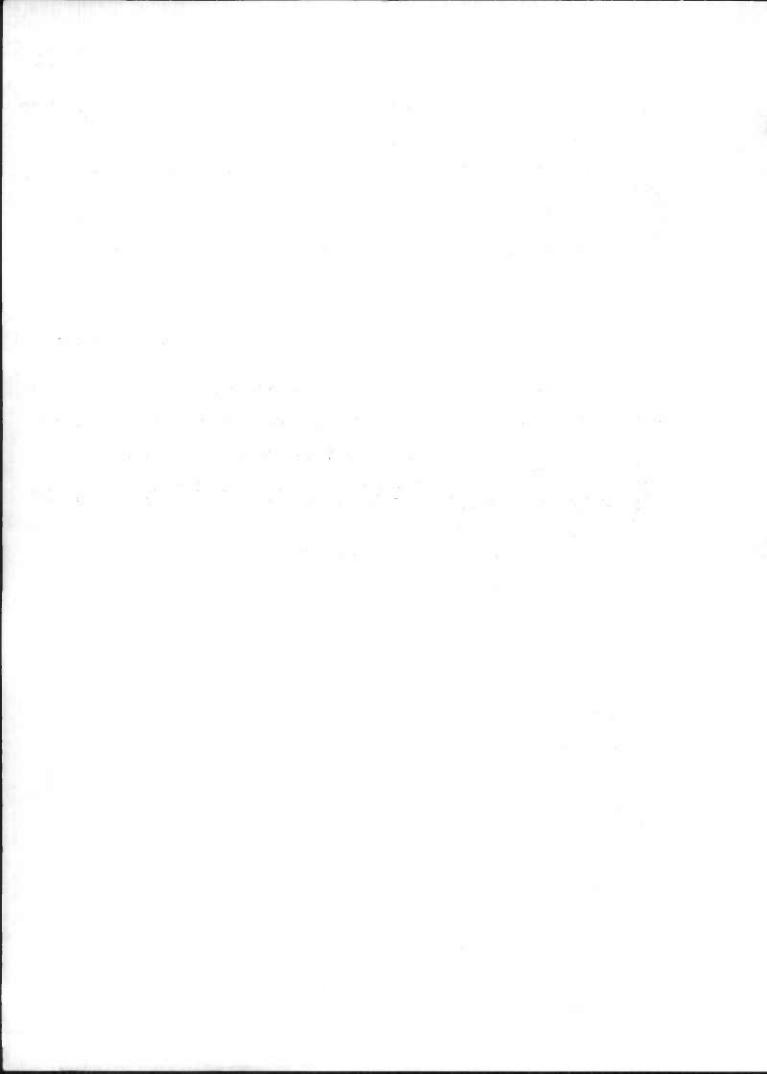
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State Registrar



State of Maryland / Department of Health and Mental Hygiene 97 | 9373

								Cei	tificate	of.	Death			Reg. No.		10
	Physici /Medi		1. Decedent's Neme (First, M	ddle, Las	st)		K	LEN	IN 6 0	×			2. Date of De Month	Day	Yeer 27	3. Time of Death
	Exami		4a. Facility Name (If not institution, give street BON SECOC								ocation of Deat					
	Funeral Director		5. Social Security Number 249-12-5857	6. Se	ex D X M 2□ F		n yrs. last birthday) 1 Yrs. If Under 1 Year If Under 24 Hrs. Months Days Hours Min.			8. Date of Bir (Month, De 04/25	th by, Year) /1916	9. Birth	place (State or Foreign ntry) Carolina			
faryland	show	or	Usuel Residence of Decedent 10a. State 10b. Cou MD	nty N/A	10c. City, Town or Location Baltimore											10d. Inside City Limits
with the A	a or 28a-	Direct	10e. Street and Number 1001 N • Pa			eet		10f. Zip Code 2 1 2 1 7						10g. Citizen of U •	ntry?	
21215-0020 dwithin 72 hours after death with the Manyland	al', or items 23a or 28a-f show Examiner must be notified at	by Funeral Director	11. Marital Status 1 Never Married 2 N	Married	12. Was Decedent Ever in U, Armed Forces? 1∑ Yes 2 □ No If Yes, Give Year or Dates:				Vas Deceden i Yes, specify	t of H		gin? (Sp n, Puerto	ecify Yes or No Ricen, etc.)		ce - Ameri ck, White,	cen Indian,
	Hygiena. rther than "natural", ent, the Medical Exe	Completed	15. Dece (Specify only high Elementery/Secondery (0-1 12th	de completed)	cetion 16 e completed) College (1-4or 5+)			cedent's Usual Occupation ive kind of work done during most of workin a. DO NOT use retired) borer				ing	16b. Kind of E		Point	
Maryland 2	nent of Health and Mental int: If item 27 is marked oury or other traumatic eve	To Be C	, , , ,	17. Father's Name (First, Middle, Last) Charlie Kennedy				18. Mother's Name (First, Middle, Maiden Surneme) Sarah Massey								
C			19a. Informant's Name/Releti Ronald E. (19b. Meiling Address (Street and Number or Rure 461.7 Old Frederick					Road	, Balt	o.,M	ID 21229		
Baltimore,			20e. Method of Disposition 1 □XBurial 2 □ Cremati 4 □ Donation 5 □ Other	ceme	b. Place of Disposition (Name of cemetery, cremetory or other place) Baltimore National Cem.6/26											
Balt Permit.			21. Signeture of Funeral Service Logoffier 22. Name and Address of Facility LEROY O. DYETT & SON FUNERAL HOME, P.A. 4600 LIBERTY HEIGHTS AVE., BALTO. 21.207 23. Part Aver the disease of complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximate interval Between													
2 1	nysiclan Medical xaminer	er	Immediate Cause (Final disease or condition resulting In deeth)	J	a. CA	HI,	Due to (or as	a conseq	FRRI	47	1711			rrest,		Approximate Interval Between Onset and Death
68760, Ifficate be executed	g physician and as the burial-transit	/Medical Examiner	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting In death) Last	Due to (or as a consequence of): Due to (or es e consequence of):												
Box (attanding for use a	sian/M														
P.O.	e detached	by Physician	SEPSIS	ut not resulting	ot resulting in the underlying ceuse given in Pert I.						23b. Did tobacco use contribute to the cause of death. 1 Yes 2 No 3 Probably 4 Unknow					
ecords,	7	Completed b	ASBES	TO S	15								24a. Was	an autopsy omed?	CC	/ere autopsy findings /ailable prior to ompletion of ceuse deeth?
OCT OF	The state of	Be Com	25. Was cese referred to med examiner?	ical							28. Place	of Deat	1 D	Yes 2 No 10		□Yes 2D√0
Division of Vital	eath. or: Attair this co the funeral dire	Certification: To	Hospitel: 1 Impatient 2 ER/Outpatient 3 DOA Other: 4 Nursing					Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred			(y)					
DIVI	hin 24 hours after d the Funeral Direct npletely filled in by		4 ☐ Homicide det	ald not be	289. Place build	ling, etc	ury - At home, c. (Specify)						City or To	wn, State)		al Route Number,
To the Hospital	within 24 hours after To the Funeral Dir completely filled in	Medicai	(Check only 2 Medione)	ai Exam	raician: To the iner: On the b and man	asis of						end due to the red at the time,	date and piece	and due t	o the cause(s)	
٩	To To		29b. Signature end title of cert	ni	Completed com-	N 10 82	Seeth (Item 22)	a) (Tuno	ī) 3	e number			29d. Date sign	197	7
	7		30. Name and address of person who completed cause of death (Item 23e) (Type, Print) THOMAS S. MILLER BON SE COURS HOSPITAL, BALTII										BALTMOR			
	Sta Registr		31. Date filed (Month, Day, Ye JUN 25 7	397	Ju	E. D	widson-	Pande	il.							



State of Maryland / Department of Health and Mental Hygiene

Physician /Medical Examiner

Director

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Funeral

Director

with the Maryland 7 is marked other than "natural", or frams 23s or 28s-f show traumatic event, the Medical Examiner must be notified at death

permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mantai Hygiena. Important: If them 27 is marked other than "natural", or than any Injury or other traumatic event, the Modical Exemples once.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

Examiner

rsician/Medical

Completed

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Certification:

Medical

physician and the burial-transit SES esn 10

Box 68760,

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Records,

Division of Vital

seath certificate be axecuted page 2 certificate director. this funeral After death. filled in by the

aftar death To the Hospital or within 24 hours aft To the Funeral Di complately filled in

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month Dey LAWRENCE HENRY KRUG, SR. JUNE 22, 1997 11:45 A.M. 4b. City, Town, or Location of Death 4c. County of Death 4e. Facility Nama (If not Institution, giva street end number) 1118 HAVERHILL ROAD BALTIMORE N/A if Under 1 Year If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (Stata or Foreign Country) Days Hours 152 M 2□ F 216-07-0113 94 Yrs BALTIMORE Usual Rasidance of Decedant 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yas 2 No N/A BALTIMORE 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 1118 HAVERHILL ROAD 21229 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forcas? 1 ☐ Yas 2 ☑ No if Yas, Giva 14. Reca - Amaricen Indian, Black, Whita, atc. Was Decedent of Hispenic Origin? (Specify Yes or No-if Yas, specify Cuban, Mexican, Puerto Rican, atc.) 1 ☐ Never Married 2 ☐ Married 1 ☐ Yas 2 🗓 No Spacify: if Yas, Giva Yaar or Datas: Specify: WHITE 3 Widowed 4 □ Divorced 16a. Decedant's Usual Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) PRINTER WAVERLY PRESS 8TH GRADE 17. Fethar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) ELIZABETH KUHN HENRY KRUG 19a. Informant's Name/Raiationship (Type, Print) 19b. Malling Addrass (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 1118 HAVERHILL ROAD-BALTIMORE, MD CYNTHIA K. WAGNER(DAUGHTER) 20b. Place of Disposition (Nama of cemetery, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stete 1 Burlai 2 ☐ Crametion 3 ☐ Ramoval from State 6/25/97 BALTIMORE 4 □ Donation 5 □ Othar (Specify) LOUDON PARK CEMETERY 21. Signature of Funeral Service Licensee 22. Name end Addrass of Facility HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD 21229 out. or complications that causad tha daath. Do not antar tha moda of dying, such es cerdiac or raspiratory arrast, List only one causa on aech lina. Approximata Intarval Betw Onset end Daath Bladder Cana Immediata Causa (Final disease or condition rasulting in death) Sequentially list conditions, if any, laading to immadiata ceusa. Enter Underlying Causa (Disaase or Injury that initiated evants rasulting in daath) Last Dua to (or as a consequence of Dua to (or as a consaquance of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 1 ☐ Yes 2 ☐ No 24b. Wara autopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy performed?

23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown

1□ Yes 20 No

1 ☐ Yes 2 ☐ No

25. Was cesa rafarrad to madical examinar? 2 No 1 Yas 27. Manner of Daath

5 Panding invastigation

6 Could not be

28a. Data of Injury (Month, Day Year)

1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Tima of

28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify)

28c. Injury at Work? 1 ☐ Yas 2 ☐ No

Othar: 4□ Nursing Homa 5 Rasidance 6 □ Othar (Specify) 28d. Dascribe how injury occurred

26. Placa of Daath (Check only ona)

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

29a. Cartifian

2 Accidant

4 | Homicida

3 Suicida

Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Discretelying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.

Medical Examiner: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signatura and titla of certifier

29c, License number

29d. Date signed (Month, Dey, Year)

30. Nama and addrass of parson who complated causa of daath (Itam 23a) (Type, Print)

DR. GLEN E. JOHNSON -716 MAIDEN CHOICE LANE-SUITE205-CATONSVILLE, MD. 21228

31. Data filed (Month, Day, Yaar) JUN 2 5 199 State Registrar



State of Maryland / Department of Health and Mental Hygiene Items4c.19b 6-25-97 FilmG748 W.H.Per F/H Certificate of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) 3 Time of Death Year **Physician** RAYMOND MAURICE LAKE, June 18, 1997 6:30 AM /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth Baltimore

If Under 1 Year | ff Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year)

JULY 28, 1908 4c. County of Deeth Examiner Anne Arundel 331 Orchard Avenue Baltimore 5. Sociel Security Number Birthplece (State or Foreign Country) 6 Sax 7. Age (In vrs. last birthday) **Funeral** 1 X M 2 □ F Yrs. Director 218-07-2683 88 BALTO., MD Usuai Residence of Decedent with the Maryland 10a State 10h County 10c. City, Town or Location 10d. inside City Limits 7 is marked other than "natural", or Items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at MD ANNE ARUNDEL 1 ☐ Yes 2 ☑ No Director BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 331 ORCHARD AVENUE 21225 U.S.A. Funeral death permit. Pages 1 end 2 should be filed within 72 hours effer deat Depertment of Health and Mentel Hygiene. Important: If item 27 is merked other than "natural". Any injury or other traumetic event. 12. Was Decedent Ever in U,S. Armed Forces? 1 ⊠ Yes 2 □ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race · American Indian, Bleck, White, etc. 11. Marital Status 1 Never Married 2KTMarried WW II 1 Yes 2 XNo Specify: Specify: WHITE by 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 7TH GRADE CHAUFFEUR TRUCKING COMPANY 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) UNKNOWN UNKNOWN 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 331 ORCHARD AVENUE -BALTIMORE, MD 21225 GOLDIE E. LAKE (WIFE) 20a. Method of Disposition 20b. Place of Disposition (Name of cametery, crematory or other place) Date 20c. Location - City or Town, State 1 ☐ Burial 2 ☑ Cremation 3 ☐ Removel from State 6/21/97 HAMPSTEAD, MD 4 ☐ Donetion 5 ☐ Other (Specify) CARROLL CREMATION, INC 21. Signature of Funeral Service Licensee 22. Name and Address of Facility 4107 Wilkens Avenue HUBBARD Funeral Home, Inc Baltimore, MD 21229 anner 23a. Party Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest, and or heart feiture. List only one cause on each line. Approximate interval Between Onset end Death Physician /Medical Immediate Cause (Fine) disease or condition resulting in death) Examiner Due to (or es a consequence of Examiner moni physicien and the burial-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or es e consequence of) Records, P.O. Box 68760, Aemi 0/100 Physician/Medical Due to (or as a consequence of) ettending p ed by the el detached fo Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobacco use contribute to the cause of death? signed by d be detacl 1 Yes 2 No 3 Probably 4 Unknown ancec à 24b. Were autopsy findings available prior to Completed 24a. Wes en eutopsy performed? peen completion of cause of death? hes 2 X No 1 Yes 1 ☐ Yes 2 ☐ No /ital 25. Was cese referred to medical Be 26. Place of Death (Check only one) examiner? 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Dete of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? Certification: Natural Accident 5 Pending 1 ☐ Yes 2 ☐ No Investigation or Attenuation of Director 6 Could not be determined 3 Suicide 28e. Place of injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital of within 24 hours at To the Funeral Completely illed 12 Certifying Phyaician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) end menner as steted.

2 Medical Examiner: On the bests of examination end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end manner stated. Medical 29a. Certifier 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) Taphanie 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) SUITE: 108

State Registrar Stephanie

31. Date filed (Month, Day, Year)

JUN 2 5 1997

MD

32 Registrar's Signature

in Davidson

516 N. Rolling Road, Baltimore, MD

21228

LINDER

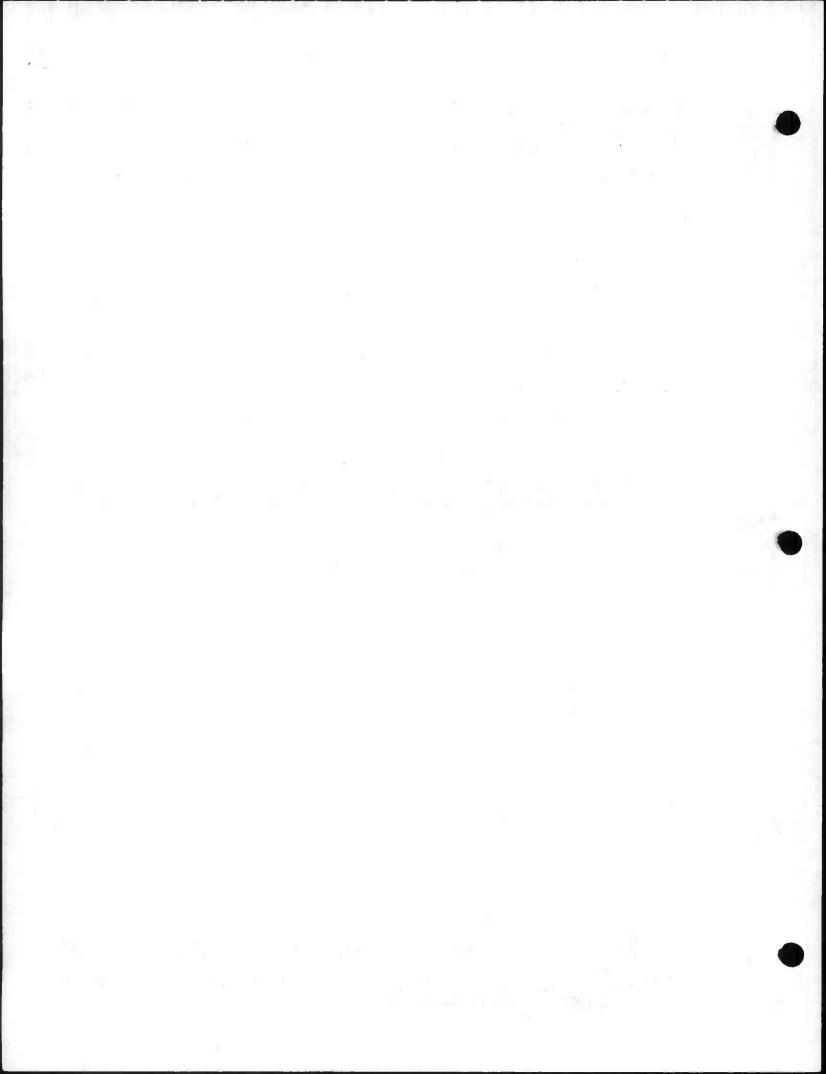
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Month 1:40 P.M. EMUS JUNE /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner NORTH HRUNDE BLEN HOSPITAL BURNIE ARUNDEL ANNE 5. Social Security Number 6. Sex 7. Aga (In yrs. last birthday) If Under 1 Yaar If Undar 24 Hrs. 8. Data of Birth (Month, Day, Birthplaca (State or Foreign Country) **Funeral** 1 M 20 F Months . Yrs Director 214-62-7107 WASH., Usual Residence of Dece the Maryland r 25a-f show notified at 10a, State 10b. County 10c. City, Town or Location 10d. Inside City Limits N/A BALTIMORE 1 TAYas 2 □ No Director MD 10e, Street and Number 10f. Zip Coda 10g. Citizen of What Country? munt be n U.S.A. 2622 LEHMAN STREET 21223 Berns 2 12. Was Decadant Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Datas: Was Dacedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - American Indian, Biack, White, etc. filed within 72 hours after 1 ☐ Never Married 2 X Married 21215-0020 1 ☐ Yes 2 XNo Specify: Ď 3 ☐ Widowed 4 ☐ Divorced Specify: WHITE Completed 15. Decedent's Education 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highast grade completed) Elementary/Secondary (0-12) College (1-4or 5+) HOMEMAKING HOMEMAKER 7TH GRADE Baltimore, Maryland 17. Father's Nama (First, Middle, Last) 18. Mothar's Name (First, Middla, Maiden Sumame) Be Pages 1 and 2 should be nant of Health and Mental VIOLA L. MILLS 7 is marke traumatic MARION NORWOOD BRYANT 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Straat and Number or Rural Route Number, City or Town, State, Zip Code) nt of Health a If Item 27 is or other tra MARTIN A. LEMUS (HUSBAND) 2622 LEHMAN STREET - BALTIMORE, MD 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State Data 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State Department of Important: If any injury or pnce. 6/21/97 LOUDON PARK CEMETERY BALTIMORE 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funeral Service Licenses 22. Name and Address of Facility HUBBARD FUNERAL HOME INC. 21229 † 4107 WILKENS AVENUE-BALTIMORE, MD er the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, heert feilure. List only one cause on each line. Approximate Interval Between Onset and Death Physician ENCEPHA LOPATHY /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Physician/Medical Examiner Sequentially list conditions if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Box 68760 The law requires that the death certificate be 6 Dua to (or as a consequence of) P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by to be detact 1 Yes 2 No 3 Probably 4 Unknown Records, à 24b. Were autopsy findings available prior to completion of causa of deeth? Completed 24a. Was en eutopsy performed? Has 2 No 1 Yes 1 ☐ Yes 2 ☐ No Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 Yes, 2 No 1 Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 27. Manger of Death 28c. Injury at Work? 28d. Describe how injury occurred 28b. Tima of Natural 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be 3 [] Suicide 28e. Place of Injury - At home, farm, streat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a, Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and mannar as stated. Medical (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. 22 To the Within 2 To the 29b. Signature and title of certifier 29c. Licensa number 29d. Date signed (Month, Day, Year) MD 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) HOSPITAL DAINE, GLEN BURNIE. MD. 200 43 30

Min the House Randoll

State Registrar

Vital



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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1. Decedent's Neme (First, Middle, Last) 2. Data of Death 3. Tima of Deeth Month **Physician** June 20, MARGARET MARY **MELLINGS** 1997 5:53 am /Medical 4e. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death **Examiner** Cherrywood Health Care & Rehabilatation Cen. Reisterstown Baltimore Hours Min. Aug 17, 7. Age (In yrs. lest birthday) if Undar 1 Year Months Deys 5. Sociei Security Number Birthplace (State or Foreign Country) **Funeral** 1□M 2\ F 99 219-30-4364 Director Wales Usual Residence of Decedent the Maryland 10a. Stete 10b. County 10c. City, Town or Location pernit. Pages 1 end 2 should be filed within 72 hours after deeth with the Marylan Department of Health end Mental Hygiena. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic avent, the Medical Examines must be notified at 10d. Inside City Limits 1 ☐ Yes 2€ No Director Baltimore Reisterstown Maryland 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 322 Holly Hill Road 21136 Great Britain Funera 12. Wes Decedent Evar in U,S. Armed Forcas? 1 ☐ Yas 22 ☐ No If Yes, Give Year or Detes: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexicen, Puerto Rican, atc.) 14. Race - American Indian, Bleck, White, etc. 11. Merital Status 1 Never Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 200No Specify: Specify: ğ 3€Widowed 4 Divorced white Completed 18e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Collega (1-4or 5+) 8 years Homemaker Own Home 17. Fethar's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Surneme) Be Frederick Lewis To Elizabeth (unobtainable) 19a. informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Steta, Zip Code) Nancy Waite (daughter) 322 Holly Hill Rd., Reisterstown, Md. 21136 20b. Placa of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete Date 1 ☐ Buriei ②Crametion 3 ☐ Removei from State Chesapeake Crematory 6/21/1997 4 ☐ Donetion '5 ☐ Other (Specify) Beltsville, MD 21. Signeture of Funerel Service Lie 22. Name and Addrass of Facility
Gary L. Kaufman Funeral Home at Meadowridge Memoria rian T. Chisholm Park, Inc. 7250 Washington Blvd. Elkridge, MD of enter the mode of dying, such as cardiac or respiratory errest, interval Between Onset and Deeth 23a. Pert1. Entar the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. **Physician** /Medical Immediete Cause (Final diseese or condition resulting in deeth) (ascinoma Examiner Due to (or es e consequence of): Examiner burial-transit Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last and Due to (or es e consequence of) physician s the burial Box 68760 Physician/Medical Due to (or as a consequence of): 80 980 0 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

the deeth certificata be executed ettending Division of Vital Records, P.O. the signed by t þ should Completed peed pege 2 hes licate ! Be 2

Certification:

To the Hospital or Attendiventing 24 hours efter death.
To the Funeral Director, A completely filled in by the tr

State Registrar

Medical

29b. Signature and tale of certifier Ira Copeland,

5 Pending

Investigation

6 Could not be determined

25. Was cese referred medical exeminer?

1 ☐ Yes

27. Manner Deeth

2 Accident

4 - Homicide

(Check only one)

3 ☐ Suicide

29a. Certifian

1 Matural

3CINO

29c. Licansa number

1 Inpatiant 2 ER/Outpetlent 3 DOA

28e. Plece of Injury - At homa, farm, street, factory, office building, etc. (Specify)

28b. Time of Injury

28c. Injury et Work?

1 Certifying Physician: To tha best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(s) and menner as stated.

1 ☐ Yes 2 ☐ No

2 Madical Examiner: On the basis of exeminetion end/or Investigation, in my opinion, death occurred et the time, dete end piece, end dua to the cause(s) end menner stated. 29d. Data signed (Month, Day, Year) 20

24a. Was en eutopsy

2000

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

21133

performed

1 Yes

28d. Describe how Injury occurred

Other: 4 Mursing Home 5 Residence 6 Other (Specify)

26. Plece of Death (Check only one)

23b. Did tobacco use contribute to the cause of death?

1 Yes 2 No 3 Probably 4 Nonknown

24b. Were autopsy findings aveilable prior to completion of cause of deeth?

1 ☐ Yes 2 ☐ No

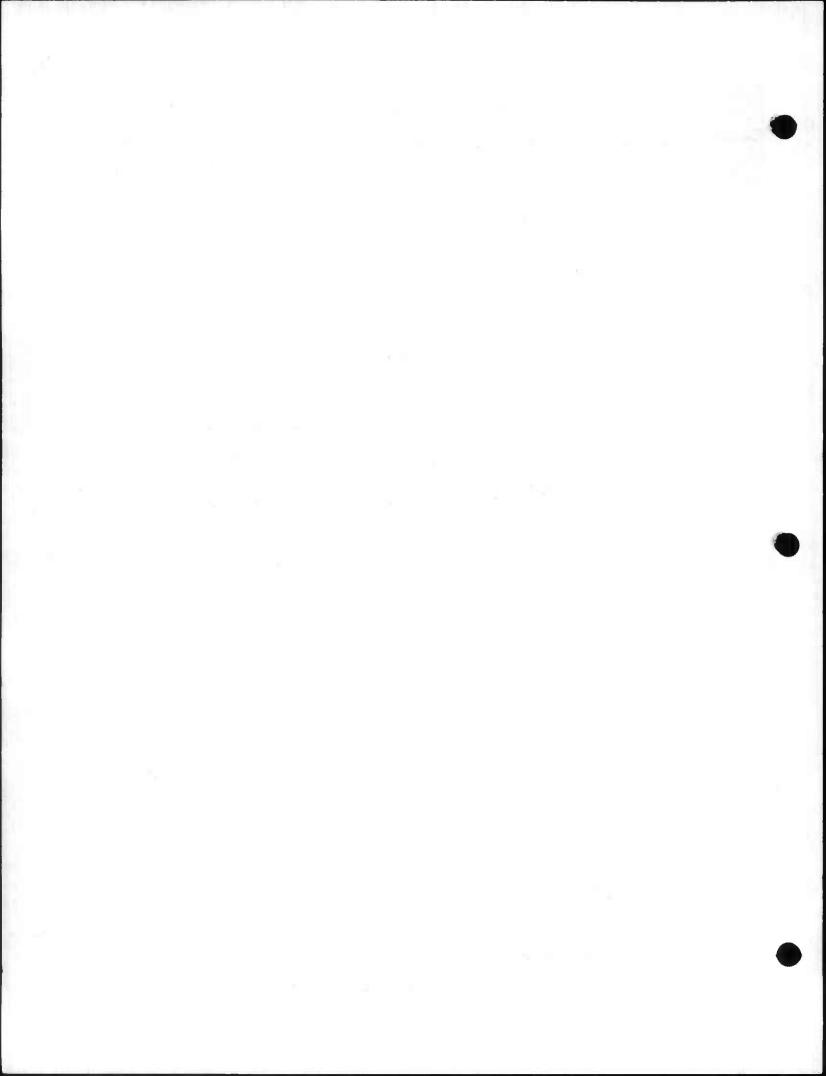
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Hospitel:

28e. Dete of Injury (Month, Dey Year)

5310 Old Court Road, Randallstown, MD

31. Date filed (Month, Day, Year) 32 Registrar's Signeture JUN 2 5 1997



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Item 26 Per PHY Film G748 6-25-97 rja State of Maryland / Department of Health and Mental Hygiene Certificate of Death Items:18.20b per FH G-748 6/20/97 dh 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth **Physician** June 16, Veer P897 Julia Moon Eleanor 7:30 AM /Medical 4b. City, Town, or Location of Deeth 4e. Facility Neme (If not Institution, give street end number) 4c. County of Deeth **Examiner** Baltimore N/A 321 West 27th Street If Under 1 Year | If Under 24 Hrs. 5. Sociei Security Number 7. Age (In yrs. last birthdey) 8. Dete of Birth Mar . 29, 1911 9. Birthpisca (Stete or Foreign **Funeral** Deys Hours 1□M 2√2 F Perfris VI vania 213-50-9387 86 Yrs Director Usuei Residence of Decedent Pages 1 end 2 should be filed within 72 hours efter death with the Maryland nent of Health and Mentel Hygiene.
Intel file 27 is marked other than "natural", or items 23s or 28s4 show mit: if then 27 is marked other than "natural", or filems 23s or 28s4 show inty or other thaumatic event, if a Medical Examiner must be notified at 10a State 10b Count 10c. City, Town or Location 10d. Inside City Limits N/A Baltimore Maryland 1 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 321 W. 27th Street 21211 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 220No if Yes, Give Year or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indien, Bleck, White, etc. 11. Meritel Stetus 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 White 1 ☐ Yes 2 No Specify: þ 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) 8 Homemaker Own Home 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumeme) Be P. Charles Hoerr Unknown Estella I. (unknown) 19e. informent's Neme/Reletionship (Type, Print) 19b. Meliing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 323 W. 27th Street, Baltimore, Maryland 21211 Ruth Denhardt 20b. Plece of Disposition (Name of cametery, cremetory or other plece)
Meadowridge Memorial 20e. Method of Disposition 20c. Location - City or Town, Stete Dete Buriei 2 Cremetion 3 Removei from Stete permit. Page Department or Important: If any injury or once. Dorsey, Maryland 21. Signature of Furieral Service Licanses 22. Neme end Address of Fecility Burgee-Henss Funeral Home 3631 Falls Road, Baltimore, Maryland 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or hele of eiture. List only one ceuse on each line. Approximate interval Between Onset and Deet **Physician** /Medical immediete Cause (Finei disease or condition resulting in deeth) Examiner Examiner The law requires that the death certificate be executed physician and the burief-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last of Vital Records, P.O. Box 68760. Physician/Medical Due to (or es e consequence of) attending ph for use as t Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. been signed by the a should be detached 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown P 24b. Were autopsy findings sysilable prior to completion of cause of death? Completed 24e. Wes an autopsy performed? page 2 s 1 Yes 2 4 No 1 ☐ Yes 2 ☐ No certificate tal of Attending Physician: The state deeth 25. Wss case referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Thesidence 8 Other (Specify) Certification: To 1 ☐ Yes 21 No 1 Inpatient 2 ER/Outpatient 3 DOA After this 26a. Dete of Injury (Month, Day Year) funeral 27. Menne of Deeth 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? Division 5 Pending 1 Neturei 1 ☐ Yes 2 ☐ No investigetion 2 Accident 3 Suicide 6 ☐ Could not be 28f. Location (Street end Number or Rursl Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office bullding, etc. (Specify) 24 hours after Funeral Direc 4 Homicide

State Registrar

wro 31. Dete filed (Month, Day, Year) JUN 2 0 1997

30. Neme and eddless of person who completed

29b. Signeture end title of certifier

29e. Cartifier

(Check only one)

edical

32. Registrer's Signeture

11 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete and piece, end due to the cause(s) end manner as steted.

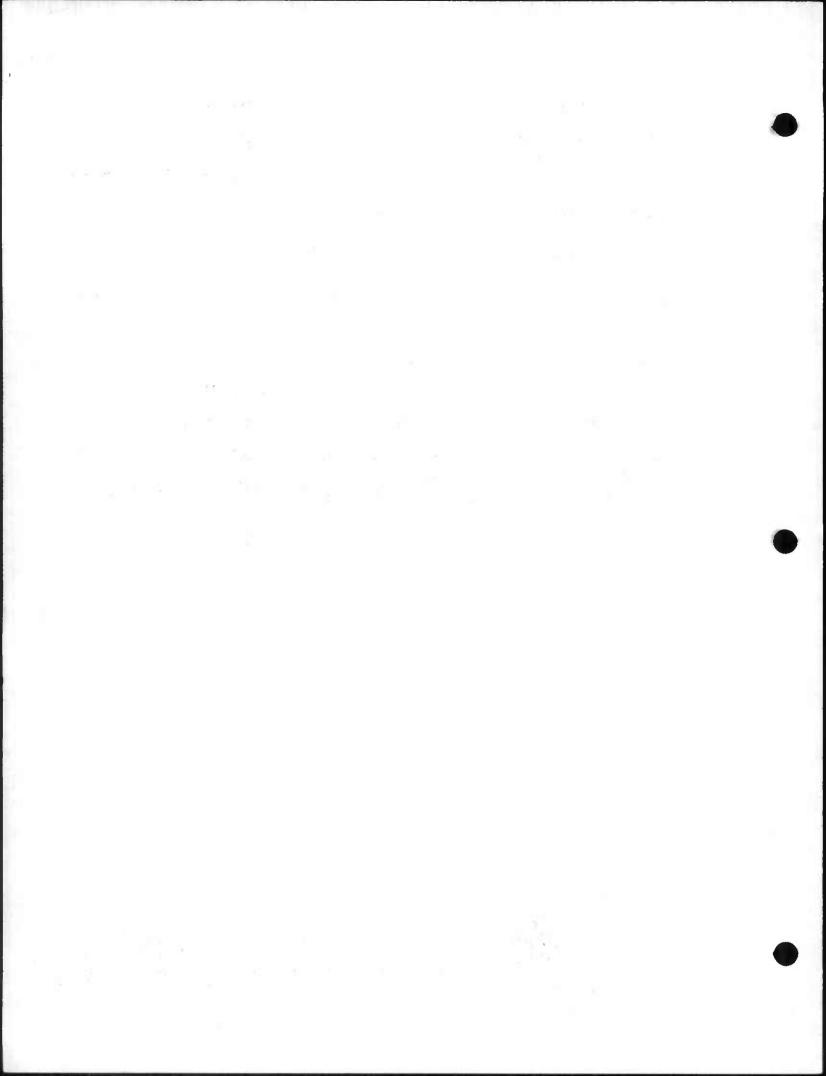
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) end menner stated.

29c. License number

29d. Date/signed (Month; Day, Year)

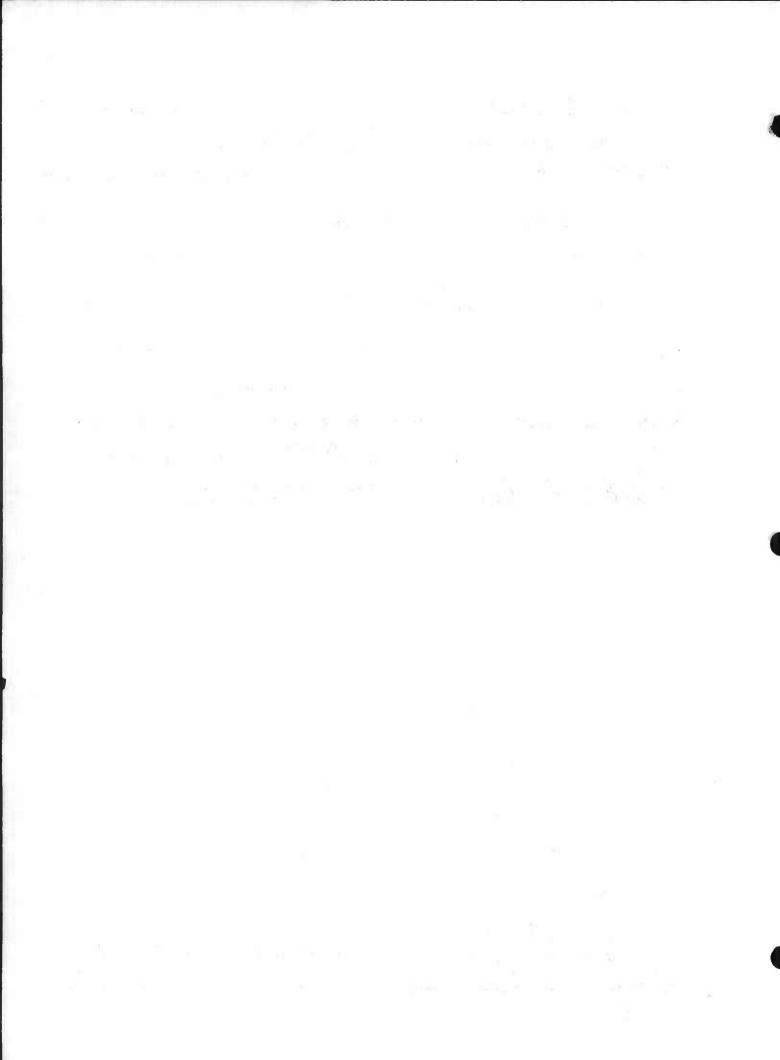
Hospital 24 hours

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State of Maryland / Department of Health and Mental Hygiene

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Department of Important: If I any Injury or once.		21. Signature of Funerel Service	Lice/See //	1	. 22	Neme end A	ddress	of Fecility	TIOM	E TNO			
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hysician end the buriel-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events		Due to (or es		1		,	1.	1		1	24 hours 4 week 4 year.
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5.8	by	Pert II. Other significant condition	ens contributing to de	eath but not resultin	ng In the un	nderlying caus	e give	n in Pert i.		1 🗆	Yes 2□ No en eutopsy	3 Prol	unkn ere autopsy finding
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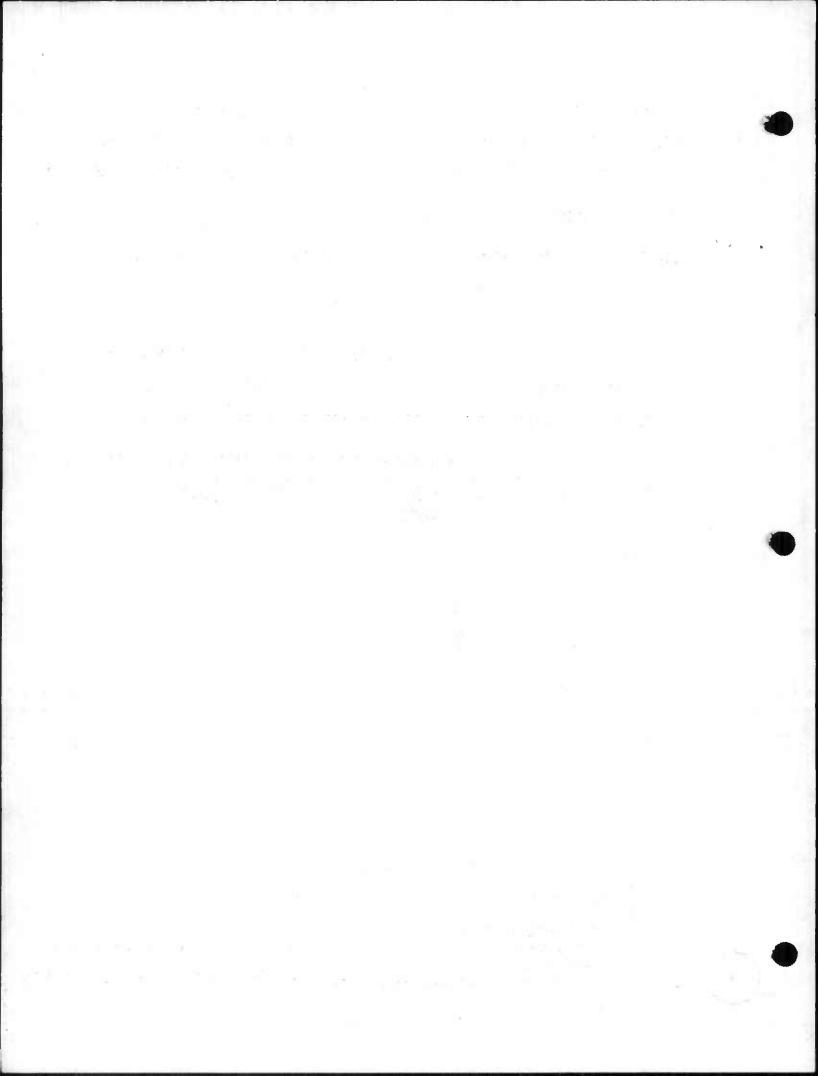


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month RITA NENSTIEL 11:50 AM 97 JUNE 19 /Medicai 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** BROOKE GROVE NURSING HOME MONTGOMERY OLNEY If Under 1 Year If Under 24 Hrs. Months Days Hours Min. 8. Dete of Birth (Month, Dey, Year) AUG. 11,1912 5. Sociel Security Number 7. Age (In yrs. lest birthday) 9. Birthplece (State or Foreign **Funeral** 1 M 2 K PENNSYLVANIA 84 Yrs Director 162 24 0821 Usual Residence of Decedent with the Maryland 10e State 10b. County 10c. City, Town or Location rai", or items 23e or 28a-f ahow Examiner must be notified at 10d. Inside City Limits MD. **MONTGOMERY** OLNEY Director 1 ☐ Yes 20 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 20832 17648 PRINCE EDWARD DRIVE UNITED STATES Funeral Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Orlgin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) Reca - American Indien, Black, White, etc. filed within 72 hours efter 1 ☐ Yes 2 No If Yes, Give Year or Dates: 1 Never Merried 2 Married 21215-0020 "natural", or 1 Yes 2 No by Specify: 3 Widowed 4 □ Divorced WHITE Completed The Madical 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry nd Mental Hygiene. marked other than Elementery/Secondary (0-12) College (1-4or 5+) 12 COUNTY SCHOOLS CAFETERIA WORKER Baltimore, Maryland 17. Fether's Neme (First, Middle, Lest) . Peges 1 end 2 should be fill ment of Health end Mental Health fill tem 27 is marked oth jury or other traumatic even 18. Mother's Neme (First, Middle, Malden Sumeme) W. EDWARD ZIMMERMAN KATHERINE YANNES 19e. informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 17648 PRINCE EDWARD DRIVE, OLNEY, MD. 20832 KATHERINE A. NENSTIEL, DAUGHTER 20b. Plece of Disposition (Neme of cemetery, crematory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 ☐ Cremetion 3 ☐ Remove i from State permit. Pege Depertment of Important: if eny injury or once. 4 ☐ Donetion 5 ☐ Other (Specify) GATE OF HEAVEN CEMETERY 6/23/97 SILVER SPRING, MD. 21. Signeture of Funeral Service Licensee MURIEL H. BARBER FUNERAL HOME P.O. BOX 5038, LAYTONSVILLE, MD. 20882 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. **Physician** /Medical Immediate Cause (Final Uremia 12 mouths diseese or condition resulting in death) Examiner Due to (or es e consequence of): Examiner The law requires that the death certificate be executed **buriel-transit** Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting in deeth) Lest pue Due to (or es e consequence of): P.O. Box 68760, Physician/Medical the Due to (or es e consequenca of): for use es Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Mellitus 1 Yes 2 No 3 Probably 4 Unknown Diabetes Records, þ Completed 24a. Wes en eutopsy performed? 24b. Were eutopsy findings aveilable prior to completion of cause of death? Cancer- Adenocarcinoma certificate has 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital Attending Physician: 25. Wes case referred to medical Be 26. Plece of Deeth (Check only one) Hospitel: 1 | Inpatient 2 | ER/Outpatient 3 | DOA Other:

Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 2 1 Yes 2 No this funeral Certification: 27. Menner of Deeth 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred After 5 Pending investigation 1 Netural death. 1 ☐ Yes 2 ☐ No or Attendi effector: A d in by the f 2 Accident 3 Sulcide 6 Could not be determined 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 4 Homicide To the Hospital or within 24 hours of To the Funeral D completely filled i ical 128 Certifying Physicien: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) Medi 29b. Signeture end title of cartifier 29c. License number 29d. Dete signed (Month, Day, Year) June 19,1997 014057 30. Name and eddress deperson who completed cause of deeth (Item 23e) (Type, Print) Kellert, M.O. 4000 Diney Laytonsville Rd. Olney, Maryland 20832 31. Dete filed (Month, Dey, Year) 32. Registrer'e Signature State Julia Davidson Randole Registrar JUN 2 5 1997

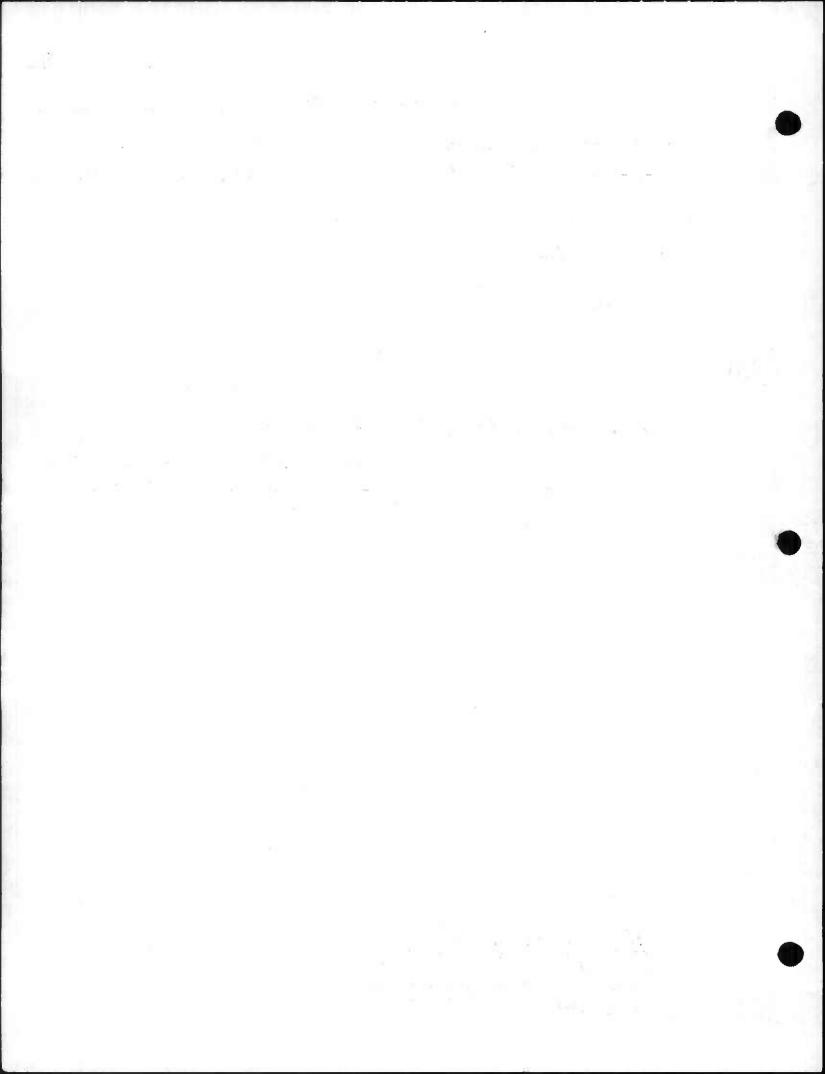
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

97 19387

nian.						of Death		Reg. No.		
cian Iical	Dacedant's Nama (First, Middla,		nestine	Virg	inia N	estor	2. Date of Month June	Death Day 21, 1997	Year	of Death
iner	4a. Facility Name (If not institution,	give street and number	er)			4b. City, Tow	n, or Location of De			J_III
	Garrett County M	Memorial Ho	ospital			Oakla	and	Garr	ett	
ı		6. Sex 7.	Aga (In yrs. last		If Under 1 Ye	ear If Under 24		Birth Day, Year)	9. Birthpiace (State Country)	or Foraign
r	215-30-2984	1 □ M 2 □ F	62	Yrs.	Months Da	ys Hours	Min. (Month,	24.1934	Maryland	
	Usual Residence of Decedent		1							
	10a. State 10b. County		10c. City, To	own or Loca					10d. Inside	
Director	Maryland Ga	rrett			A	ccident			1 ☐ Ye	s 20 No
lre.	10e. Street and Number				10f. Zip Coo		4.7.0.4	10g. Citizen of	What Country?	
al C	13 Champion Dr	ive				2	1520	United	States	
Funeral	11. Marital Status	12. Was Decede Armed Force	nt Evar in U,S.	13. Wa	s Decedent	of Hispanic Origi	n? (Specify Yes or Puerto Rican, atc.)	No- 14. Rac	ce - Amarican Indian,	
	1 Never Married 2 Marrie						derto riloan, atc.)		ck, White, atc.	
by	3 ☐ Widowed 4 Ø Divorced	Year or Date:	s:		الإع Yes 2	чо эрвспу.		Specif	y: White	
Completed	15. Decedent's (Specify only highest	Education	16	Sa. Deceder	nt's Usual Oc	cupation one during most of tired)	of working	16b. Kind of B	usiness/Industry	
	Eiemantary/Secondary (0-12)	Collaga (1-4c	or 5+)	lifa. DC	NOT use re	tired)	WOIKING			
V S	12 Years		osnaga (, ro, o , ,		cretar	.y		Fina	ncing	
18	17. Fathar's Name (First, Middle, L	ast)				18. Mother	s Name (First, Midd		ne)	
2	Unknown						Unkn	.own		
1	19a. Informant's Name/Relationsh	p (Type, Print)	1:	9b. Mailing	Addrass (Str	eet and Number	or Rural Route Nur	nber, City or Town	, State, Zip Code)	
	Elwood C. Bowse	r/Companio	n	12 Che	moion	Drive	Accident	. Marylan	nd 21520	
	20a. Method of Disposition		20b. Place		ion (Name or tory or other		Data	-	- City or Town, State	
	1 ☐ Burial 2 ② Cremation 3 4 ☐ Donation 5 ☐ Other (Spi		(6			e Corp. 6	195/07	Town	on, Maryla	nd
	21. Signature of Funeral Sarvice L	7	Пи			Idress of Facility	0/43/71	100020	on, margan	riu .
	Adning 15	edle		Du	ta-Pun	b Funono	ul Home o	6 Dundall	k, Inc.	
	23a Part Enter the disease or o	omplications that cause	and the death. D	79	22 Wis	e Ave.	Dundalk,	Maryland	1 21222	
	23a. Part / Enter the disaase, or ostook, or heart failura. List o	nly one cause on each	n iine.	o not enter	the mode of	dying, such as ca	irdiac or respirator	arrest,	Approxima Interval Bo Onset and	etwean
	immediata Cause (Final								Onset and	Dogin
	disaasa or condition resulting in daath)	a acut	e arryth	nmia					min	utes
5			Due to (or as	a conseque	ence of):					
Examiner		b. acu	te and o	chroni	ic con	gestive	heart fa	ilure	6 yea	rs
хаг	Sequentially list conditions, if any, leading to immediate		Due to (or as	a consequa	ince of):					
	Sequantially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or injury	c. acu	te cerel	oral v	ascul	ar accid	lent		10 da	ys
√Medicai	that initiated events rasulting in death) Last		Dua to (or as	a conseque	nce of):					
Me		d.								
Physician	Part ti. Other significant condition	s contributing to death	but not resulting	in the unde	erlying causa	given in Part i.	23b. D	id tobacco use co	entributs to the cause	of death?
	rheumatoid arth	ritis, hyp	ertensi	on, Co	OPD		1	Yes 2 No	3 Probably 4	Unknown
by										
Completed by							24a. W	as an autopsy informed?	24b. Wara autopsy avallable prior	to
pie									complation of of death?	cause
O							11	Yas ZNO	1 ☐ Yas 2	∃ No
	25. Was case raferred to medical					26. Place o	f Death (Check on			
To B	examiner?	Hospital:	atiant 25 ER/0	Outpatient	3□ DOA	Othor:	ing Home 5 Re		ner (Specify)	
	27. Manner of Death	28a. Data of In	njury 28b	. Time of		njury at Work?		e how injury occur		
0	1 Natural 5 Pending Investiga		Day Year)	Injury		Mork? I∐Yes 2∐No				
=	3 ☐ Sulcide 6 ☐ Could no	t be on Diana of I	Injury - At home,	farm, street			28f. Location	(Street and Numi	ber or Rural Route Nu	m <i>ber</i> ,
ficat	4 Homicide		etc. (Specify)		, ,	550	City or	Town, State)		
ertificat	- 2 11011110100		at of my knowled	no death o	accurred at the	a time data and	alana and dua to the			•
I Certification:		Physician: To the be-	or or my knowled	ye, death o	tigation in m	y opinion, daath	occurrad at tha tim	a, data and place,	and dua to the causa	(s)
	29a. Cartifier Certifying	Physician: To the best	of examination a	III WOS	regularit in th					
edical	29a. Cartifier Check only one) Certifying Medical E:	Physician: To the best caminer: On the basis and mannar	of examination a	and/or inves				29d Date slone	od (Month Day Vear)	
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Medical	29a. Cartifier (Check only one) (Check one) (Ch	caminer: On the basis and mannar	of examination a stated.	inl	29c. Lio			29d. Date algne		
Medical	29a. Cartifier Check only one) Certifying Medical E:	caminer: On the basis and mannar	of examination a stated.	inl	29c. Lio	ense number				
Medical	29a. Cartifier (Check only one) (Check one) (Ch	aminer: On the basis and mannar	of examination a stated.	(Type, Fri 86 Oa	29c. Lio D2	ense number	50			



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Deeth Month JUNE **Physician** PHILLIPS LYDIA ANN 4:45 PM 23 1997 /Medical 4e. Facility Name (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** SAMARITAN HOSPITAL BALTIMOKE 8. Date of Birth (Month, Dey, Year) 7. Age (In yrs. last birthdey) If Under 1 Yaar If Under 24 Hrs. 5. Social Sacurity Number 6. Sex Birthplaca (Steta or Foreign Country) **Funeral** 1 □ M 2 🕏 F 96 Months Days Hours 58 1276 Director 216 Usual Residence of Decedent death with the Maryland 10e. State 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23s or 28a-f show traumatic event, the Medical Examiner must be notified at 10d. Inside City Limits Ballo N.A 1X Yes 2 No Md Director 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 4.5. A 520 21218 14. Raca - American Indian, Black, White, etc. 12. Was Decedent Evar In U,S. Armed Forcas? 1 ☐ Yes 2 ☑ No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 11. Marital Status 1 Never Merried 2 Married Black 1 ☐ Yes 2 No Specify: p 3 ☐ Widowed 4 ☐ Divorced Yaar or Dates 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Pages 1 end 2 should be filed within nent of Health and Mental Hygiene. nt: If item 27 is marked other than ' Self Elementary/Secondary (0-12) College (1-4or 5+) Housewell 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) BARNES MOLLIE FRANKLIN IVm. 19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 20 E. 284 & Bult . md. 21218 Benerly CARSAR 20b. Place of Disposition (Neme of cametery, cremetory or other p 20a. Method of Disposition 20c. Location - City or Town, State Mt CALYARY Cen.
22. Neme end Addrass of Facility A.A. Country . m & 6 1 ■ Buriel 2 □ Cremation 3 □ Removal from State permit. Page Department of Important: If any injury or 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 1304 n. Centra Locks Juneselltome Locks 23a. Furty Enter the diseasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hear failure. List only one cause on each line. Approximate Interval Petween Onsat and Death **Physician** /Medical Immediate Cause (Finel disaase or condition resulting in death) Examiner Due to (or es e consequença of) Examiner uemonia shysician and the buriel-transit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseasa or Injury that Initieted events rasulting in death) Lest Due to (or es e consequenca of): physician Physician/Medical Dua to (or as e consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? signed by 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Tract intection P 2 24b. Ware autopsy findings available prior to completion of cause of death? 24e. Was an autopsy performed? bed Complet 1 Yes 2 No 1 Yes 2 No 25. Was case referred to medical examiner? Be 26. Piece of Deeth (Check only one) To the Hospital or Attending Physicial within 24 hours after death.

To the Funeral Director: After this completely filled in by the funeral direct Hospital: 1 Dimpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 27. Manner of Death 28e. Date of Injury (Month, Day Year) 28c. Injury et W) 28b. Tima of 28d. Describe how Injury occurred Certification: 5 Pending investigation 1 PNaturel 1 1 Yes 2 No 2 Accident NIA 6 Could not ba determined 3 Sulcide Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and plece, and due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at tha time, date end placa, end due to the cause(s) and manner stated. Medicai 29a. Certifier (Check only one)

State Registrar

Baltimore, Maryland 21215-0020

Records, P.O. Box 68760.

Division of Vital

31. Date filed (Month, Dey, Year) 25

TAKIQ

29b. Signature and tills of cortifier



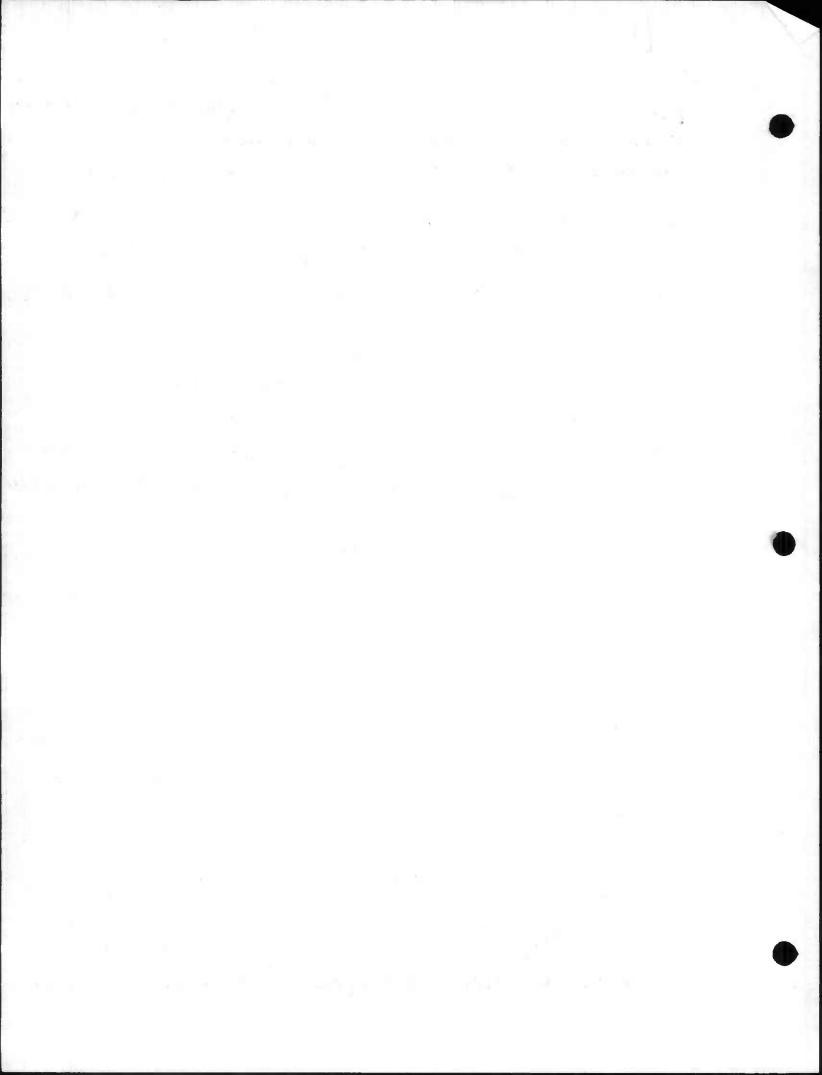
30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

29c. License number

STREET, #308

29d. Deta signed (Month, Dav. Yaar)

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

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					Certific	ate o	f Death		Reg. No.		1 2 000
Dhusi		1. Decedant's Nama (First, Middla,	Last)					2. Date of De		Vac	3. Tima of Death
Physici /Medic	_	Esther L. Parac	dis					J. Month	= 24	97	122911
Examir		4a. Facility Name (If not institution,					4b. City, Town, or				
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Funerai			5. Sax 7. Ag	e (In yrs. la:	st birthday) If Ur Mont	ndar 1 Yaa hs Dey			th Veer	9. Birthp	plece (Stata or Foreign
Director		019-24-4416	1□ M 217 F	69	Yrs.	lis Dey	s Hours Will	APR, 20		Mass	achusetts
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netural, or items 23a or 28a-f show	_	10a. State 10b. County			Town or Location					1	Od. Insida City Limits
r 28a-f show	cto	Md. Howard		El	lkridge						1 ☐ Yas 2 [XNo
or 20	Funeral Director	10e. Street and Number			10f.	Zip Code			10g. Citizan of	What Cour	ntry?
23a	le.	6820 Montgomery	/ Road			21	227		USA		
Items Free m	ner	11. Marital Status	12. Was Decedant Armed Forcas?			ecedant of	Hispanic Origin? (Specify Yes or No		ce - Amaric	
or it	F	1 Navar Marriad 2 Marrie	d 1 ☐ Yas 2 🔯 lif Yes, Give			s 200 N		10 1 110011, 410.7			ite
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. 0 5	Be	17. Fether's Nema (First, Middla, Lo	est)				18. Mothar's Na	ma (First, Middla,	Maidan Suman	na)	
	2		Font	taine			(Un	obtainab	le)		
th and Mer 7 Is marke traumatic		19a. Informant's Name/Ralationshi	p (Type, Print)		19b. Meiling Add	ress (Stre	et end Number or F	lural Routa Numb	er, City or Town,	Stata, Zip	Coda)
N L		Joseph F. Parad	dis – husbar	nd	6820 Mor	tgom	ery Rd.,	Elkridge	, Md.	21227	7
r other		20a. Method of Disposition			ce of Disposition (lace)	Data	20c. Location	City or To	own, Stata
7 or		1X Burlal 2 ☐ Cremetion 3 4 ☐ Donation 5 ☐ Other (Spe		Mead	dowridge	Memo	rial Park	6/27/97	Elkrid	ge. M	1d.
Important: If I any Injury or pnce.	-	21. Signature of Funaral Sarvice Li					rass of Facility		-	3-7	
Department Important any Injure poice.		5- 11	I VI		Gary	L. K	aufman Fu				vridge
	-	Leven To	mplications that source	d the steath	7250	Wash	ington Bl	vd., Elk	ridge,	Md.	21227
		231 Fart1. Entar tha diseesa, or c shock, or haart failure. List or	nly ona causa on aach li	ne.	Do not antar tha r	noda or d	ying, such as cerdie	c or raspiratory a	rrest,	1	Approximate Intarval Between Onsat and Daath
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and I-tra	Examiner	Sequantially list conditions, if any, laading to immadiate		Dusto (or a	as a consaquance	of):					
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ta or	Physician							10	Yes 2□ No	3 Pro	bably AUnknow
pe de	by										
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1	ple									CO	mplation of ceuse death?
2,6	Completed							10	Yes 20No	10	∃Yas 2□ No
D. T.	BeC	25. Was cesa rafarrad to medicel					26. Place of De	eth (Check only o			
rect	ToB	axaminar? 1 ☐ Yes 2 ☑ No	Hospital:	nt 2	R/Outpatiant 3	DOA C	Whar.	Home 5 ☐ Resi		ar /Snaaii	(v)
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P is	0	1 Natural 5 □ Panding	(Month, Da)	y Year)	Injury	28c. Inj W	ork? □ Yes 2 □ No		,,	3471	
fter this	=	2 Accidant investiga	t ba	ury - At hom				28f. Location /	Street and Numi	ber or Purs	al Routa Numbar,
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fter this		4 Homicida datamin 29a. Cartifiar (Check only 2 Medical Ex	Physician: To the best caminer: On the basis of	axaminatio	edga, death occur on and/or Investige	red at tha	tima, data and plec ropinion, daath occ	e, and due to the urred at the tima,	ceuse(s) and ma deta and place,	annar as s and dua te	tated. the ceuse(s)
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State Registrar 31. Data filad (Month, Dey, Yaar)
JUN 2 5 1997

PARADIS, ESTHER

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month **Physician** 97 CLARA BARTON PATTERSON 06 22 /Medical 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Bel Forest Nursing & Rehab. Center Forest Hill Harford 5. Sociel Security Number If Under 1 Year 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 8. Date of Birth (Month, Dey, Year) **Funeral** 1 M 2 QF Days Yrs. Director 216-34-8112 July 2, 1900 Tennessee Usual Residence of Decedent the Maryland 10a. State 10h County 10c. City, Town or Location 10d. inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examiner must be notified at Harford Bel Air Director 1 Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 956-L Hillswood Road USA 21014 Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. pemit. Pages 1 end 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or iter any Injury or other traumatic event. 1 Never Married 2 Married 1 ☐ Yes 2 No If Yes, Give Yeer or Dates: 1 ☐ Yes 21 No þ 3 ₩idowed 4 Divorced Specify: White 15. Decedent's Education (Specify only highest grade completed) 16a. Dacedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) Sales Clerk Department Store 17. Father's Name (First, Middle, Last) 18. Mothar's Name (First, Middle, Maiden Sumame) James L. King Martha Gammons 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Patricia L. Travers/daughter 956-L Hillswood Rd. Bel Air, MD 21014 20b. Plece of Disposition (Neme of cemetery, cremetory or other piece) 20c. Location - City or Town, Stete t ☐ Buriai 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Metro Crematory, Inc. 6/23/97 Baltimore, MD 21. Signature of Funeral Solving Licensee 22. Name and Address of Fecility Edward A Gregorchik Cremation Society of Maryland, Inc. 299 Frederick Rd. Baltimore, MD 21228 23a. Part1. Enter the disaase, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one ceuse on each line. **Physician** Cardiovascular disease ten /Medical Immediate Cause (Final disease or condition resulting in death) Examiner -transit pue Sequentially list conditions, if any, leading to immediate ceuse. Entar Underlying Cause (Disease or Injury that Initiated events resulting In death) Last Dua to (or as a consequence of): physician Physician/Medical the Due to (or as e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. 23b. Did tobacco use contributs to the causs of death? 1 Yes 2 No 3 Probably 4 Unknown Demen D 109129911e signed b Be Completed by 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy performed? page 2 1 Yes 2 No 1 ☐ Yes 2 No 25. Was cese rafarrad to medical examiner? 26. Placa of Death (Check only one) To Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Manner of Death 28a. Date of Injury (Month, Dey Year) Medical Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred After 1 Natural 5 Pending 1 Tes 2 No Investigation 2 Accident Director: / 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 28a. Place of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 Homicide Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29a. Certifier 29b. Signature and title of certified 29d. Date signed (Month, Dey, Year) Bel Al Maryland

State Registrar

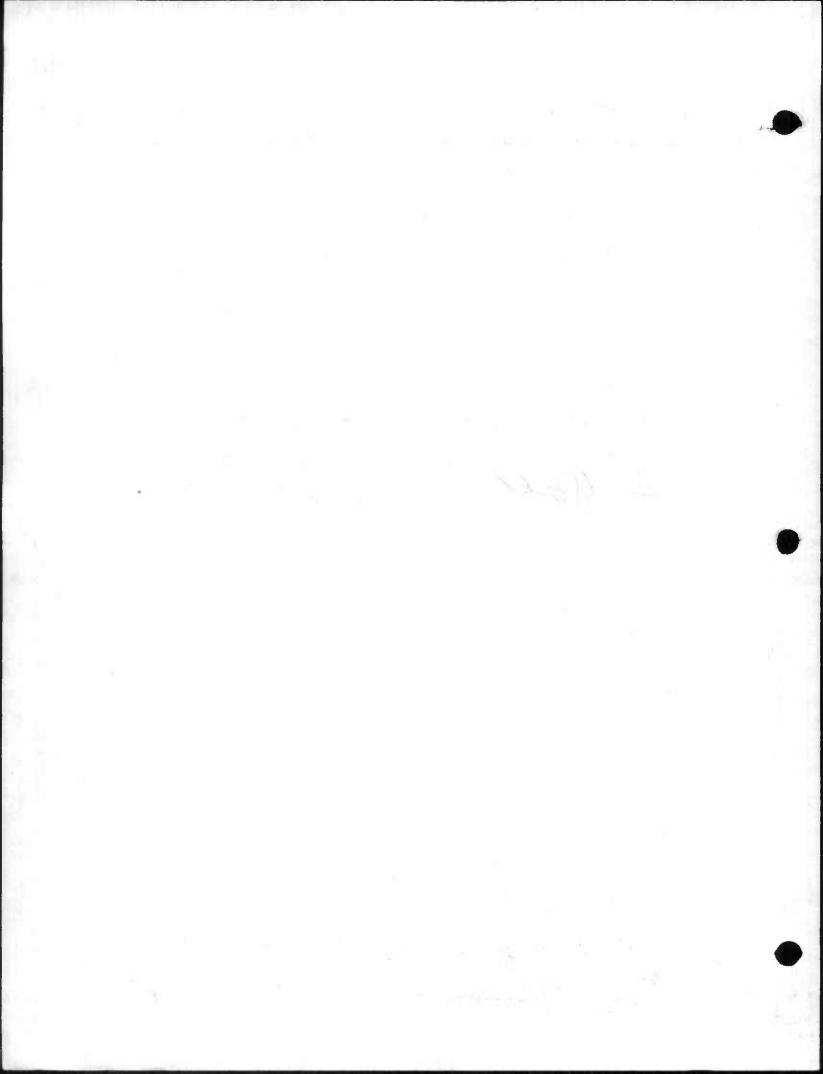
Baltimore, Maryland 21215-0020

that the death certificate be executed

P.O. Box 68760,

Records.

Division of Vital or Attending Physician:



State of Maryland / Department of Health and Mental Hygiene Certificate of Death #5 per FH G756 2/24/98 EW 1. Decedent's Nema (First, Middle, Last) 2. Deta of Deeth Phillips, St. George Month Day 2 **Physician** June 9:00 AM /Medical 4e. Fecility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 6526 Greenmount Drive Elkridge Howard 6. Data of Birth (Month, Day, Year) Jan. 15, 1920 5. Social Security Number 577–38–6526–818 2 1 1√ M 2□ F If Under 1 Year if Under 24 Hrs.

Months Deys Hours Min. 5. Social Security Number 7. Age (In yrs. lest birthday) Birthpiece (State or Foreign Country) **Funeral** Deys 77 Yrs Director Tobago Usual Residence of Decedent the Marylend 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits r 28a-f show MD Howard Columbia 1 ☐ Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? with r than "natural", or items 23s or the Medical Examiner must be 5616 Vantage Point Road 21044 USA Peges 1 and 2 should be filed within 72 hours efter deeth vent of Health and Mental Hygiere.
Instit if fear 27 is marked other than "natural; or fears 23 mir if fear traumatic event, the Medical Estatister mainty or other traumatic event, the Medical Estatister main Funeral 12. Wes Decedant Evar in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - Amarican Indian, Bleck, White, etc. 1 ☐ Yas 2 🕅 No If Yes, Giva Yeer or Detes: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: Black þ 3 - Widowed 4 - Divorced Completed 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry State of Maryland Elementery/Secondery (0-12) College (1-4or 5+) Health Department Psychiatrist 12 5+ 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be Herbert Phillips Leelyne T. Joseph 2 19e. Informent's Neme/Raiationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Ana M. Phillips (wife) 5616 Vantage Point Road, Columbia, MD 21044 20b. Pleca of Disposition (Name of cematary, cremetory or other pleca) commatary, cremetory or other pieca)

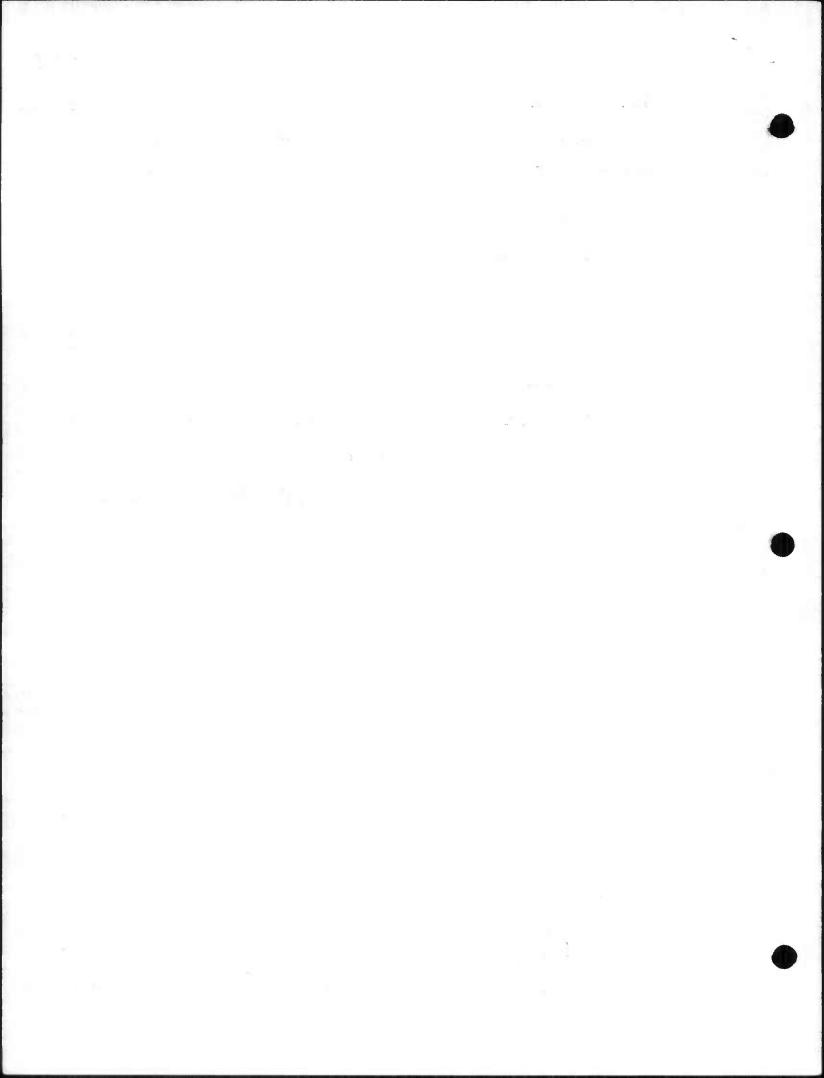
Carroll Cremation, Inc.

June Pete 25, 1997 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramovei from Stata permit. Pege Department of important: if any injury or once. 4 □ Donetion 5 □ Other (Specify) Hampstead, MD 21. Signature of Femeral Service Licensee 22. Nama and Address of Facility Witzke Funeral Home, Inc. 5555 Twin Knolls Rd. Columbia, MD 21045 23e. Pert1. Enter the diseasa, or complications that caused the deeth. Do not entar tha mode of dying, such as cardiec or raspiratory arrast, shock, or heart feilure. List only one ceuse on each line. Approximata Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disaase or condition resulting in deeth) Malignont 2m hythmia (day Examiner Due to (or es e consequence of) attending physician end for use es the buriel-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Undarlying Ceuse (Diseese or injury that initieted events rasulting in death) Last Due to (or es a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medicai Dua to (or as a consequence of): 98 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? Parkinson's signed by 1 Yes 2 No 3 Probably 4 Unknown Disease þ 2 24b. Ware autopsy findings available prior to completion of causa of deeth? 24a. Was an autopsy Completed 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 No 25. Wes case referred to medical axaminer? Be 26. Place of Deeth (Check only one) Attending Physical Hospitel: 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) To 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 28a. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28d. Describe how injury occurred Certification: 28c. Injury at Work? After 5 Pending investigation Neturel 2 Accident i or Attending effer death. Director: Aft 1 Yes 2 No 3 Suicide 6 Could not be 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, straet, factory, office building, etc. (Specify) 4 Homicide 24 hours e Hospital 29a. Certifier Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the cause(s) end manner as steted. (Check only one) 2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred at the time, dete end piece, and dua to the cause(s) end manner steted. To the I within 2 29c. License number 29b. Signeture, and title of certifier 29d. Data signed (Month, Day, Year) Interwist D37013 30. Nema and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

Bruce Conser, us 200 1(-55 Life 11055 Little Patrixent Pking Colinhi, Mp 31. Data filed (Month, Day, Year) rar's Signature JUN 2 5 1997 Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

2. Dete of Death

JUNE

Month

4b. City, Town, or Location of Death

	2 10	
3	938	-/
	738	6
	200	-

97

BALTIMORE

9. Birthplece (State or Foreign Country) Maryland

10d. Inside City Limits

X Yes 2 No

4c. County of Death

10g. Citizen of Whet Country?

Race - American Indian, Bleck, White, etc.

General Motors

20c. Location - City or Town, State

Baltimore

Specifilhite

16b. Kind of Business/Industry

USA

3. Time of Deeth

5:00 PM

FRANKLIN WOODS, BALTIMORE, MD 21237 BALTIMORE 7. Age (In yrs. last birthdey) If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month Day, Year) Q Yrs. Months Deys Hours Min. Jan. 20, 1908 5. Social Security Number 6. Sex **Funeral** 1X) M 2□ F Director 213-07-2390 Usual Residence of Decedent the Maryland 10a. Stete 10b. County 10c. City, Town or Location permit. Pages 1 and 2 should be filed within 72 hours efter death with the Manylan Department of Health and Mentle Hygiene. Important: If them 27 is marked other than "natural; or items 23a or 28a-f show any injury or other traumatice event, this Medical Examine I matter notified at Md. N/A Baltimore Director 10e. Street and Number 10f. Zip Code 7753 Baltimore St. 21224 Funeral 12. Was Decedent Ever In U,S. Armed Forcee? 1 Yes 20 No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Merried 20 Married Saltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ XNo Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) Coilege (1-4or 5+) Assembly Line 8 yrs. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Be Mariano Pecora Vincenza Daccola 2 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informent'a Neme/Reletionship (Type, Print) 7753 Baltimore St. Baltimore Md. 21224 Irene Pecora wife 20e. Method of Disposition 20h Place of Disposition (Name of Date cemetery, cremetory or other plece)
Oak Lawn Cem. 1 XBuriel 2 ☐ Cremetion 3 ☐ Removel from State 6 - 244 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Fung. 22. Neme end Address of Fecility Connelly Funeral Home Of Dundalk 7110 Sollers Point Rd. 21222 23a Part Enter the disease; or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. **Physician** Immediate Cauae (Finel disease or condition resulting in deeth) /Medical RENAI FAILURE **Examiner** ERIPHERAL VASCULAR DISEASE

Due to (or es e consequence of): Due to (or ea a consequenca of): Examiner iding physician and ise as the burial-transit Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): use as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. signed by ti by Completed

PECORA

1. Decedent's Neme (First, Middle, Last)

TOSEPH

4e. Facility Neme (If not institution, give street end number)

Physician

/Medical

Examiner

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 1 Unknown 24b. Were eutopsy findings available prior to completion of cause of death? 24e. Wes an autopsy performed? 1 Yes 2 10 No 1 TYes 2 No. 26. Placa of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28d. Describe how injury occurred 28f. Location (Street and Number or Rural Route Number, City or Town, State) 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the ceuse(s) and manner es stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and pieca, and due to the cause(s) end manner stated.

29d. Dete aigned (Month, Dey, Year)

FRANKLIN SO DR. BALTIMORE

To the Hospital or Attending within 24 hours after death.
To the Funeral Director: After completely filled in by the fund

Be

P

Certification:

Medical

MB 200

Division

30. Name and eddress of person who completed cause of deeth (item 23a) (Type, Print) 0 FRANKLIN

31. Date filed (Month, Day, Year) JUN 25 1997

M-Unni

25. Wes case referred to medical

29b. Signeture and title of certifier

5 Pending investigation

6 Could not be determined

1 Yes 2 No

27. Manner of Death

1 Maturel

2 Accident

3 Sulcide

29e. Certifier (Check only one)

4 Homicide

WOEDS 39. Registrar's Signeture in Newsdoon Aandelle

ATTENDING

1 Inpatient 2 ER/Outpatient 3 DOA

28e. Pieca of Injury - At home, ferm, street, fectory, office bullding, etc. (Specify)

28b. Time of

28c. Injury et Work?

29c, License number

1 ☐ Yes 2 ☐ No

151090

28a. Dete of Injury (Month, Day Year)

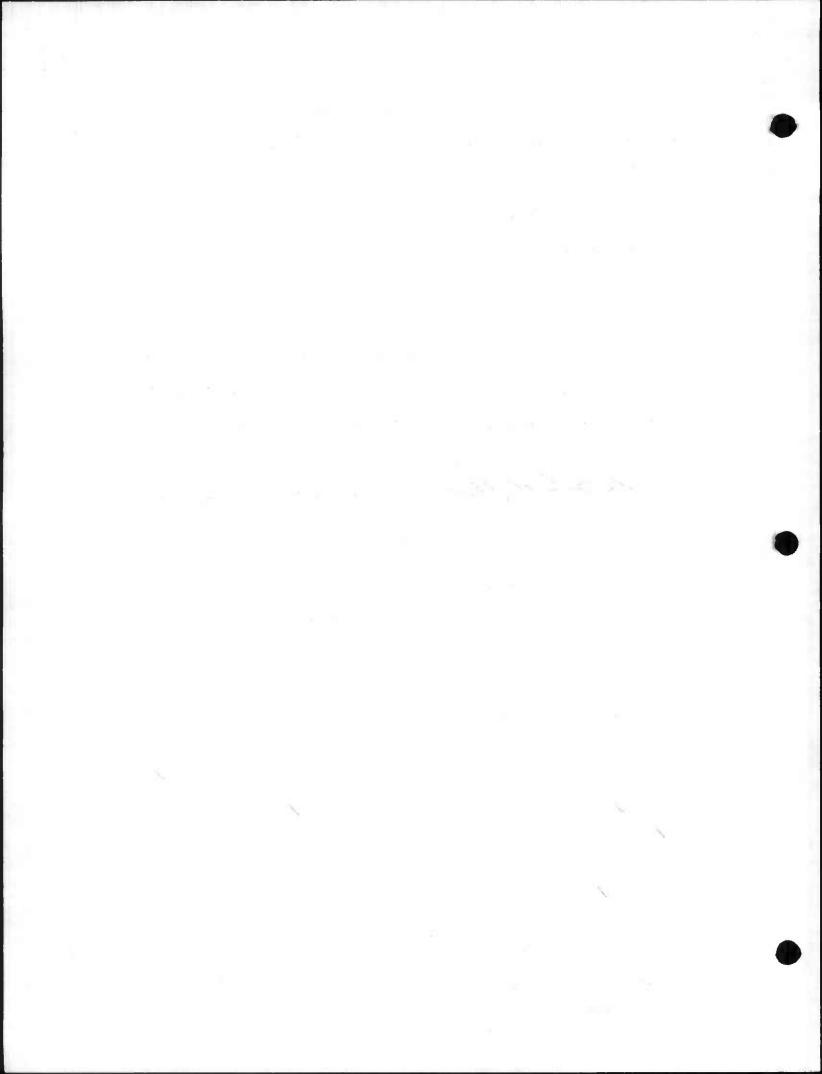
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Dete of Deeth 3. Time of Death Month 23, 1997 Yaar **Physician** Martha Rothenberger Joanne June 6:55 PM /Medical 4a. Fecility Nama (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Pleasant View Nursing Home Mt. Airy Carroll If Under 1 Yeer | If Undar 24 Hrs. 5. Social Sacurity Number 8. Data of Birth (Month, Day, Year) JAN 30, 1928 7. Aga (in yrs. last birthday) Birthplaca (State or Foraign Country) **Funeral** 1 □ M 2 X F Months Days Min 197-22-3712 Yrs. Director Pennsylvania 69 Usual Residence of Decedant the Maryland 10a. Steta 10b County 10c. City, Town or Location 10d. Insida City Limits r than "natural", or items 23s or 28s-f show the Medical Exampler mast be notified at MD Carrol1 Director Mt. Airy 1 Yas 2X No 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 203 Violet Court 21771 USA Funeral death 12. Wes Dacedant Ever in U.S. Armed Forcas? 1 ☐ Yes 2 20 No If Yes, Giva Yaar or Datas: 11. Marital Status Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Raca - Amarican indian, Black, White, atc. a filed within 72 hours efter de il Hygiana. other than "natural", or item 1 ☐ Naver Marriad 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: þ Specify: 3 ☐ Widowed 4 🏋 Divorcad White Completed 16a. Decedant's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education 16b. Kind of Business/Industry (Specify only highast grade complated) Collega (1-4or 5+) Elamantary/Secondary (0-12) permit. Pages 1 and 2 should be filled with Depertment of Health and Mental Hygians important: if Item 27 is marked other that any injury or other traumests Registered Nurse VA Hospital 17. Fathar's Name (First Middle Last) 18. Mother's Nama (First, Middla, Malden Surnama) Be Paul T. Kifer Geraldine Richard 19a. Informant's Name/Raletionship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Elaine Sabourin / Daughter 203 Violet Court Mt. Airy, MD 21771 20b. Place of Disposition (Nama of camatary, cramatory or other placa) 20e, Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burlal 2 X Cramation 3 ☐ Removel from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Metro Crematory, Inc. 06/24/97 Baltimore, MD 21. Signeture of Fundral Service Licensia 22. Nama and Address of Facility Cremation Society of Md., Inc. George E. MacNabb 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as called or respiratory affect. MD shock, or heart failure. List only one cause on each line. 21228 ximete Interval Batween Onset and Death **Physician** /Medical Immediata Causa (Final Cardiac Arrythmia disaase or condition resulting in daath) Hours Examiner Due to (or as a consequanca of): Examiner Atherosclerotic Heart Disease Years Sequentielly list conditions, if any, laading to immadiata causa. Enter Underlying Causa (Disaasa or Injury thet initiated evants rasulting in death) Lest Dua to (or as a consequenca of): General Atherosclerosis Years Physician/Medical as the Dua to (or es e consaquence of): P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? tha signed by t 1 Yes 20 No 3 Probably 4 Unknown Alzheimers Disease, Hydrocephalis, Records, þ 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24e. Wes an autopsy performad? Cerebral Vascular Accident paga 2: 2 No 1 Yes 1 ☐ Yes 2 ☐ No certificata Division of Vital 25. Was case refarred to madical axaminar? Be 26. Place of Deeth (Check only ona) Othar: 4 Nursing Homa 5 Rasidenca 6 Other (Specify) 1 Yas 2 No 2 1 Inpatiant 2 ER/Outpetient 3 DOA this 27. Manner of Death 1 (1) Natural 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred After or Attending To the Hospital or Attending within 24 hours after death.
To the Funeral Director; Aft 5 Panding Invastigation Injury 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be detarmined 3 Suicida 28a. Place of Injury - At homa, farm, straet, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the causa(s) and manner as steted.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) end manner stated. 29a. Cartifiar Medical (Check only one) 29b. Signetura end titla of certifiar 29c. License number 29d. Data signed (Month, Day, Year) Melu Joel Fordn Uls D06588 June 24, 1997 30. Nama and addrass of parson who complated causa of death (Itam 23a) (Type, Print)

State Registrar 31. Data filed (Month, Day, Yaar)

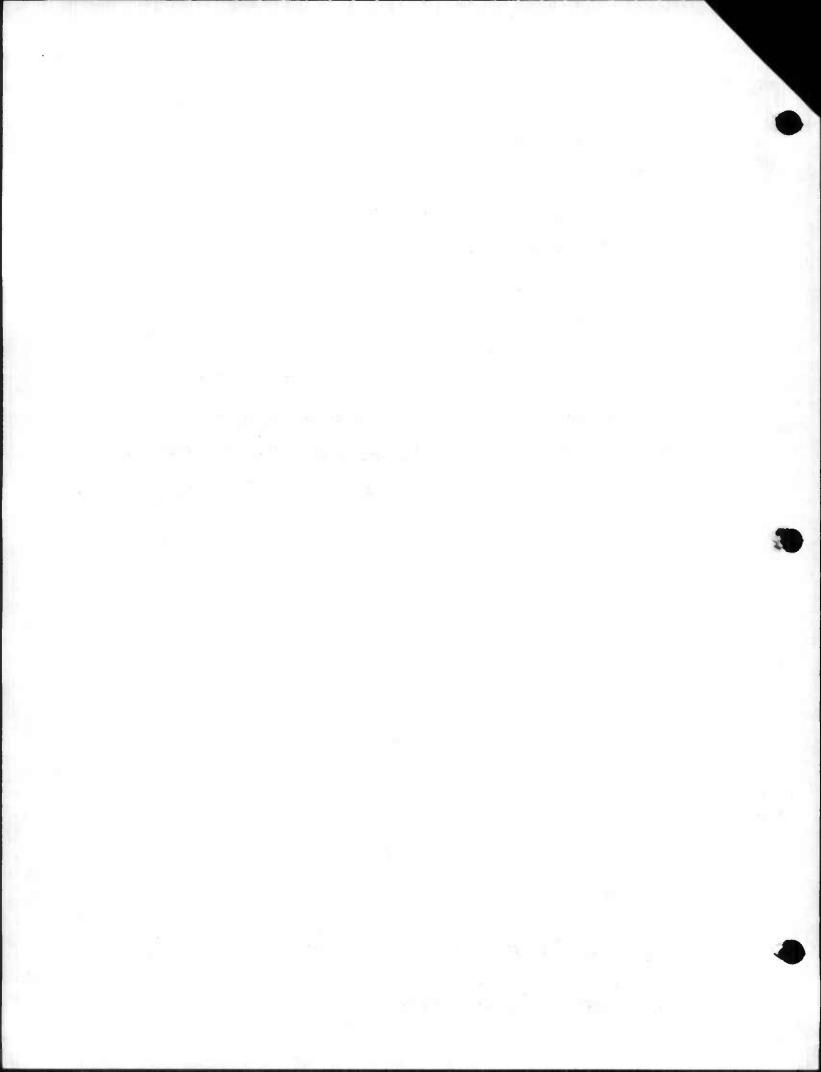
JUN 2 5 1997

Melvin Kordon, M.D. 4801 Dorsey Hall Drive Ellicott City, MD 21042 Julia Dandson Rendere



State of Maryland / Department of Health and Mental Hygiene

					Certific	ate of	Death		Red	g. No.			
Physic	ion	1. Decedent's Name (First, Middle,	Lest)	1111	9.7				te of Deeth		Yeer	3. Time of Death	
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Exami	ner	4e. Fecility Neme (If not Institution, 10461 Waterf						wn, or Location of	of Deeth	4c. County			
Francis				n yrs. last bi	rthdev) If Un	der 1 Yeer			e of Ridh		vard	lece (Stete or Foreign	
Funeral Director		282–18–8867 Usuel Residence of Decedent	1X) M 2□ F	81	Yrs. Monti	ns Deys		Min. (Mc	e of Birth onth, Dey, 1	1915	Coun	Ohio	
how		10e. Stete 10b. County	_		n or Location						1	0d. Inside City Limits	
89-f s	Director	MD Howa	rd	Coli	umbia							1 ☐ Yes 2 No	
23a or 2	al Dire	10e. Street end Number 10461 Waterfow	l Terrace		10f.	Zip Code 21()44		10	g. Citizen of USA	Whet Coun	try?	
S C OBS	Funeral	11. Meritel Stetus	12. Wes Decedent Eve Armed Forces?	or In U,S.	13. Wes De	cedent of pecify Cub	Hispenic Orl	gln? (Specify Ye	s or No-		a - Americ		
De iled within 72 nouts after death with the Maryland Hygiene. d other than "natural", or items 23a or 28a-f show event, the Modical Estander must be notified at	by	1 ☐ Never Married 2 ☐ Married 3 🖾 Widowed 4 ☐ Divorced				2[XNo			oto.,	Specif		ite	
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she.	Completed	Elementery/Secondary (0-12)	College (1-4or 5+) 5+	Ta	iife. DO NO	use retire	ed)			merica reetir		orp.	
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	-	19e. Informent's Neme/Reletionship	(Type, Print)	190	. Melling Addr	ess (Stree	t end Numbe	er or Rurel Route	Number,	City or Town,	Stete, Zip	Code)	
and 2 paith a n 27 is er tra		Lawrence J. Ring	er (Son)	13	313 Ver	mont	Ave.	NW, Was	hingt	on, DC	200	005	
permit. Pages I and 2 should Deperment of Health and Mer Important: If fem 27 la marke any injury or other traumatic once.		20a. Method of Disposition 1 Burlal 2 □ Cremetion 3 4 □ Donetion 5 □ Other (Spe	☐Removel from Stete	cemete	f Disposition (I ry, cremetory of bia Mer	r other ple	,	June Dete 25, 199	7 (Oc. Location -	,		
Departm Departm Importa any inju		21. Signature of Funerel Service Lic	**		22. Name	end Addre	ess of Feclit	y					
REFER		I The Day of	P	/	W1CZ	Ke Fl Twir	neral	Homes,	Inc.	hia M	ID 21	1045	
		23e. Pert1. Enter the disease, or co shock, or heart failure. List on	mplications that caused the	death. Do								Approximete Intervel Between	
hysiclan			,									Onset end Deeth	
/Medicai xaminer		Immediate Ceuse (Final disease or condition	· Conse	ture .	Heert	Fai	live					10415.	
	<u></u>	resulting in deeth)	o. Conge	e to (or es e	consequence	of):					1		
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andir r use	an/M		d								i		
he ett	Physiclan/	Pert II. Other significant conditions	contributing to death but n	ot resulting in	n the underlyin	g cause gi	ven in Pert I.	23	b. Did tob	acco use co	ntribute to	the cause of death?	
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N Z	e Co	Or the constant was first							1 Tes	01	1 [Yes 2 No	
A so	m	25. Was case referred to medical exeminer? 1 ☐ Yes 2 ☑ No	Hospitel:	• C 50.00		Oti	nor:	of Death (Chec					
Wher this luneral d	lon: To	27. Menner of Deeth 1 Neturel 5 Pending	28a. Dete of Injury (Month, Dey Ye	1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home						e 5 PResidence 6 Other (Specify) Id. Describe how Injury occurred			
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Dire	Certification:	4 Homicide determine	building, etc. (S	Specify)	1111, 317001, 1001	ory, ornoc		City	or Town,	Stete)		, , , , , , , , , , , , , , , , , , , ,	
within 24 hours To the Funeral completely filled	edical C	29e. Certifier (Check only one) 1. Certifying F 2 ☐ Medical Exc	Physician: To the best of mominer: On the bests of examiner steted	aminetion en	, deeth occurre d/or investigati	ed et the ti	me, date encopinion, deet	d plece, end due th occurred et th	to the ceu	ise(s) end mi e end place,	anner es ste and due to	eted. the ceuse(s)	
To the comple	Me	29b. Signature and title of certifier	2.10 months 219190	•		9c. Licens	se number		290	d. Date signe	d (Month, L	Day, Yeer)	
s == 0		1.4.	1. 6.	2000			0 1-	1821 1 City		June	1	1 -	
0		30. Name end address of person wh	completed ceuse of deeth	(Item 23a)	(Type Print)		01	1001		00	12:	3-19-7	
\		112	Jall Drut)	5201	6	1111	1 C.t.	M	0 2164	51		
		31. Dete filed (Month, Day, Year)		Signature	9 201		. IL CILI	city		-			



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dele of Deeth 3. Time of Death JUNG **Physician** Z:03 AM LOUISE SMITH /Medicai 4b. City, Town, or Location of Deeth 4a. Fecility Name (If not institution, give street end number) 4c. County of Deeth **Examiner** 1632 BAUTIONS. BUTMINS MONTPSHEN ANS If Under 24 Hrs. 8. Dete of Birth
Hours Min. (Month, Dey, Yeer) 5. Social Security Number if Under 1 Year 7. Age (In yrs. last birthday) 9. Birthplece (State or Foreign Country) **Funeral** Deys 1□ M 2X F 217-20-4093 Months 71 AUL 23 1925 Director Usuel Residence of Decedent 10a Stete 10b. County 10c. City, Town or Location r 28a-f show Inotified at show 10d. Inside City Limits MD 1 Yes 2 No Director Ba Ito 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? b 2 1632 MONTPELIER ST 21218 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give A Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Rece - American Indian, Black, White, etc. 1 Never Married 2 Married 21215-0026 1 ☐ Yes 2 ☐ No Specify: Specify: à 3√Vidowed 4 □ Divorced BLACK Completed 16a. Decedent's Usuel Occupation
(Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) N/A 9th HOUSEWIFE N/ABaltimore, Maryland 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) 2 should be financial b Be RALPH MEADE Pages 1 and 2 should G. POLLARD 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) nt of Health and If flam 27 is n or other traun ELOUISE WIGGINS/DAUGHTER 5801 LEATHWALK AVE BALTO, MD 21239 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition June 20c. Location - City or Town, Stete 1 Surial 2 Cremetion 3 Removei from State 4 □ Donation 5 □ Other (Specify) CEDAR HILL CEM 27, 97 BALTO, MD 21. Signeture of Bunerei Service Licensee 22. Name end Address of Fecility BETTS FUNERAL HOME 1129 N. CAROLINE ST BALTO, MD 21213 23a. Peril. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset end Deeth **Physician** /Medical Immediate Cause (Final METAITATIC CARCUSIA OF UPENDER PRIMITY disease or condition resulting in death) Examiner Due to (or es e consequence of): Examiner bunal-trensit or Attending Physician: The law requires that the death certificeta be axecuted Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest pue Due to (or es e consequence of): Box 68760, iclan Physician/Medical physics the Due to (or es e consequence of): 9 use been signed by the a should be detached Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. Records, P.O. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No Completed by 24b. Were eutopsy findings eveileble prior to completion of ceuse of deeth? 24e. Wes en eutopsy performed? page 2 s 1□ Yes 200 certificata Division of Vital director. 25. Wes cese referred to medicel exeminer? Be 26. Plece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To this funeral 27. Manner of Deeth 28a. Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? After 1 Naturel 5 Pending 1 Yes 2 No 24 hours after deeth. 2 Accident investigation 3 Suicide 6 Could not be determined Place of Injury - Al home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide Hospital 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred et the time, dete end plece, and due to the ceuse(s) end menner slated. Medicai 29a. Certifier (Check only one) within 2 To the the 29b. Signeture and title of certifles 29c. License number 29d. Dele signed (Month, Dey, Yeer) 0 JUNE 23, 1997 600 p. WOURK ST 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) MO; The Journ Morens Ducower Con BAUTMON 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture State Jula Saindson Registrar JUN 2 5 1997 **DHMH 16 Rev 6/95**

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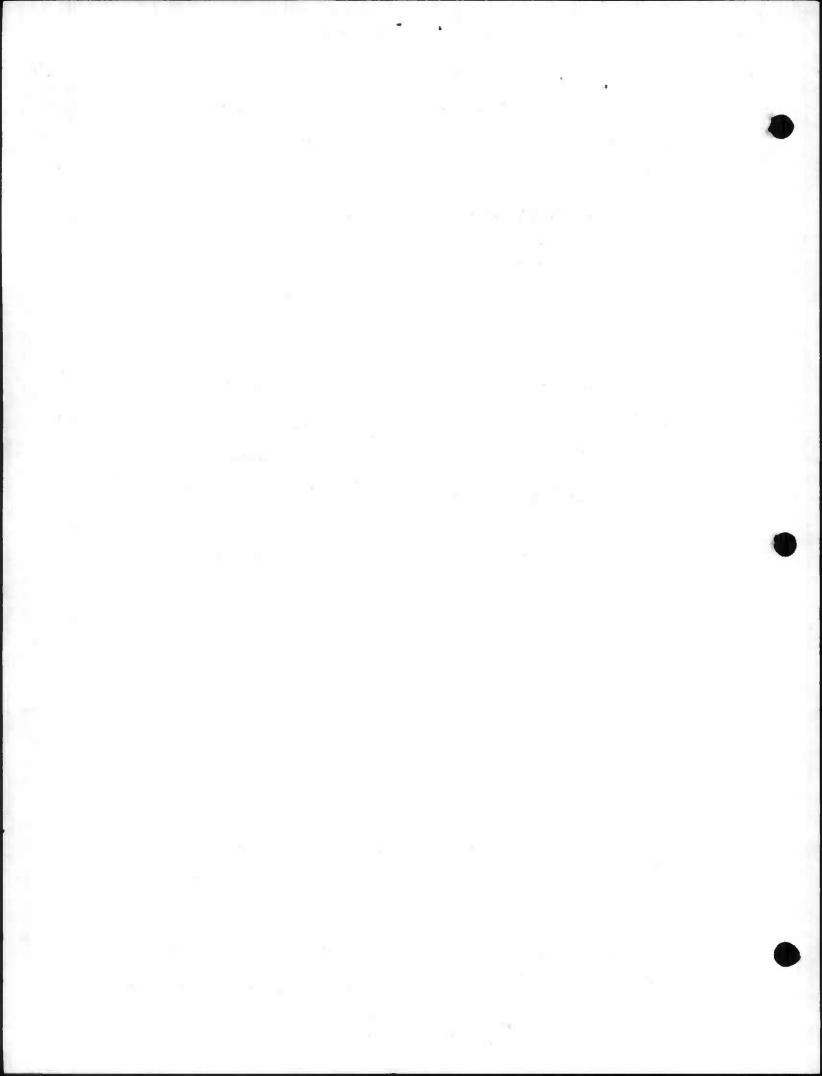
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MARCAMITA B. KOREL NIM 31. Data filed (Month, Dey, Year) 32. Registrer's Signetura JUN 2 5 1997

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111 Penn Street, Baltimore, Maryland 21201



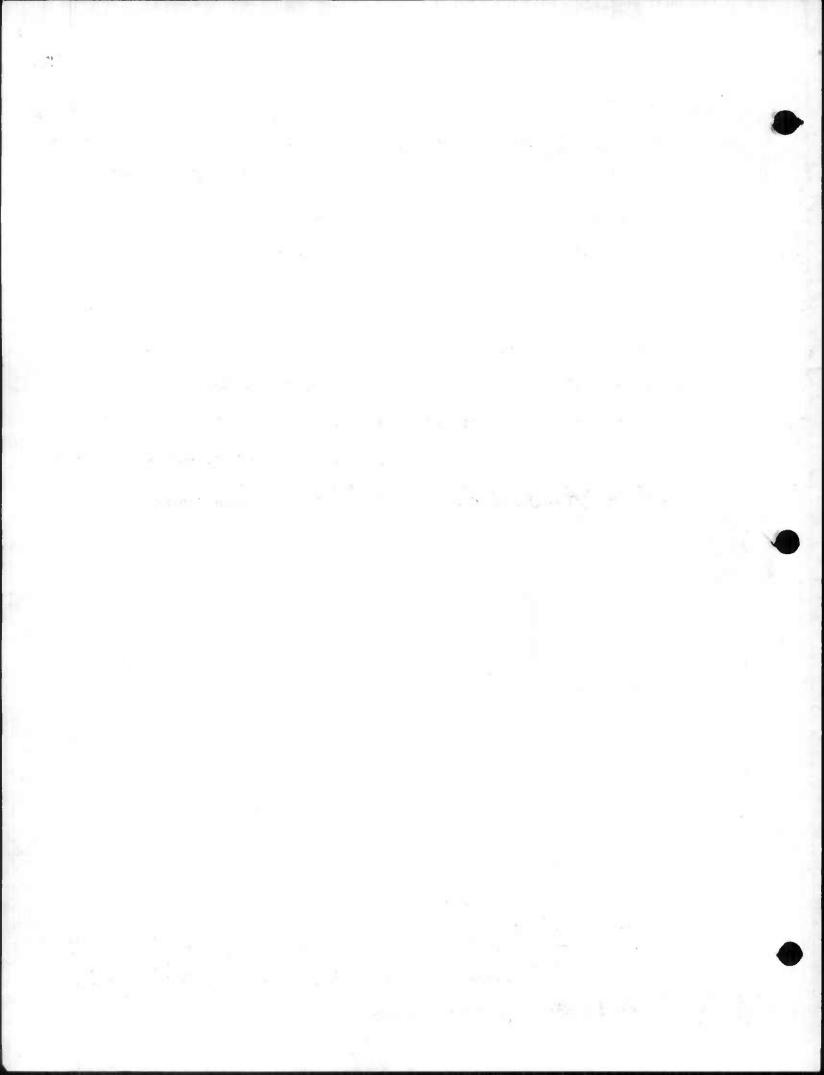
State of Maryland / Department of Health and Mental Hygiene Item 4b Per PHY Film G748 6-25-97 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Deia of Daath 3. Tima of Death **Physician** Month Mary C. Schmidt 6 /Medical 4a. Facility Nama (If not Institution, giva streat and number) 4b. City, Town, or Location of Death 4c. County of Dont Examiner ouex Airesede BELCAMP Security Numbar If Under 1 Year If Undar 24 Hrs. Hours Min. 6. Sax 7. Age (In yrs. last birthday) 9. Birtholaca (State or Foreign **Funeral** Days Hours 1 ☐ M 2 🛛 F 98 Director 219-20-7041 Yrs Dec.2,1898 Austria Usuai Rasidanca of Dacadant 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits "natural", or items 23a or 28a-f show Baltimore Director 1 Yes 2 No Maryland Baltimore 10e. Street end Number 10f. Zip Coda 10g. Citizan of What Country? 4218 East Joppa Road 21236 U.S.A. Funeral 12. Was Dacedant Evar in ∪,S. Armed Forcas? 1 □ Yes ≥ 1 ⋈ No If Yas, Giva Yaar or Datas: Was Dacedant of Hispanic Origin? (Specify Yas or No If Yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - American Indian, Bieck, Whita, atc. 11. Marital Status 1 Never Marriad 2 Marriad Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☒ No Specify: by Specify: 3 ☑ Widowed 4 □ Divorced White Completed th and Mental Hygiene.
7 is marked other than "natur treumstic event, tre Medical 15. Dacadant's Education (Specify only highast grada completed) 16a. Dacedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry Eiamentery/Secondary (0-12) College (1-4or 5+) 6th. Seamstress n/a Grief Co. 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maldan Sumama) Be Pages 1 and 2 should be 1 nent of Health and Mental I Joseph Willwerth Ekatarina Cernuta 19a. Informant's Neme/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Steta, Zip Coda) Marie Fetterhoff important: If item 27 any injury or other to (Daughter) 9110 Carlisle Avenue Baltimore, Md. 21236 20b. Place of Disposition (Nama of camatary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 X Buriai 2 ☐ Cramation 3 ☐ Removal from Stata Department 4 ☐ Donation 5 ☐ Othar (Spacify) Holly Hill Memorial Park 6/19/97 Baltimore, Md. 21220 21. Signefure of Funarai Servica Licensaa 22. Nama and Addrass of Fecility E.F.Lassahn Funeral Home 11750 Belair Rd. Kingsville, Md. 21087 23a. Part1. Enter the disease or complications that caused the death. Do not anfar the mode of dying, such es cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximata Intarvai Between Onset end Deeih Physician /Medical immadiata Causa (Final disaase or condition rasulting in death) Examiner Dua io (or as a consequenca of) Physician/Medical Examiner The law requires that the death certificate be executed the burial-transit Sequentielly list conditions, if any, laading to immediata cause. Enter Underlying Cause (Diseasa or injury that initiated events rasulting in daath) Lasf Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Due to (or as a consequence of): for use as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown 9 24b. Ware autopsy findings evallable prior to completion of cause of death? director, page 2 should Completed 24a. Was an eutopsy performed? After this certificate 2 No or Attending Physician: Be 25. Wes casa rafarred to medical exeminar? 26. Placa of Death (Check only ona) Other: Surrsing Homa 5 Rasidenca 6 Othar (Specify) 1 Yas 2 No 2 1 ☐ Inpatiant 2 ☐ ER/Outpatiant 3 ☐ DOA filled in by the funaral 27, Manner of Death 28c. Injury et Work? 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred Certification: 28b. Tima of Naturai 5 Panding invastigation s after death. 1 ☐ Yas 2 ☐ No 2 ☐ Accidant 3 ☐ Suicida 6 Could not ba 28a. Placa of Injury - At homa, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida To the Hospital within 24 hours a To the Funeral C completaly filled Medical Examiner: On the best of my knowledge, deeth occurred at the tima, dete end piece, end due to the ceuse(s) end menner es steted.

Medical Examiner: On the basis of examination and/or invastigetion, in my opinion, death occurred at the time, date and piece, and due to the and manner sigled. Medical 29e. Certifier (Check only ma, date and piece, and dua to the causa(s) one) 29b. Signetura ai e of cortifier 29c. Licansa number 29d. Data signed (Month, Dev. Yeer) complated cause of death (Itam 23a) (Type, Print) 30. Nama and address of parson who NOVA Tre/ Lico 31. Data filed (Month. 32. Ragistrar's Signature State in Navidson , landale

DHMH 16 Rev 6/95

Registrar

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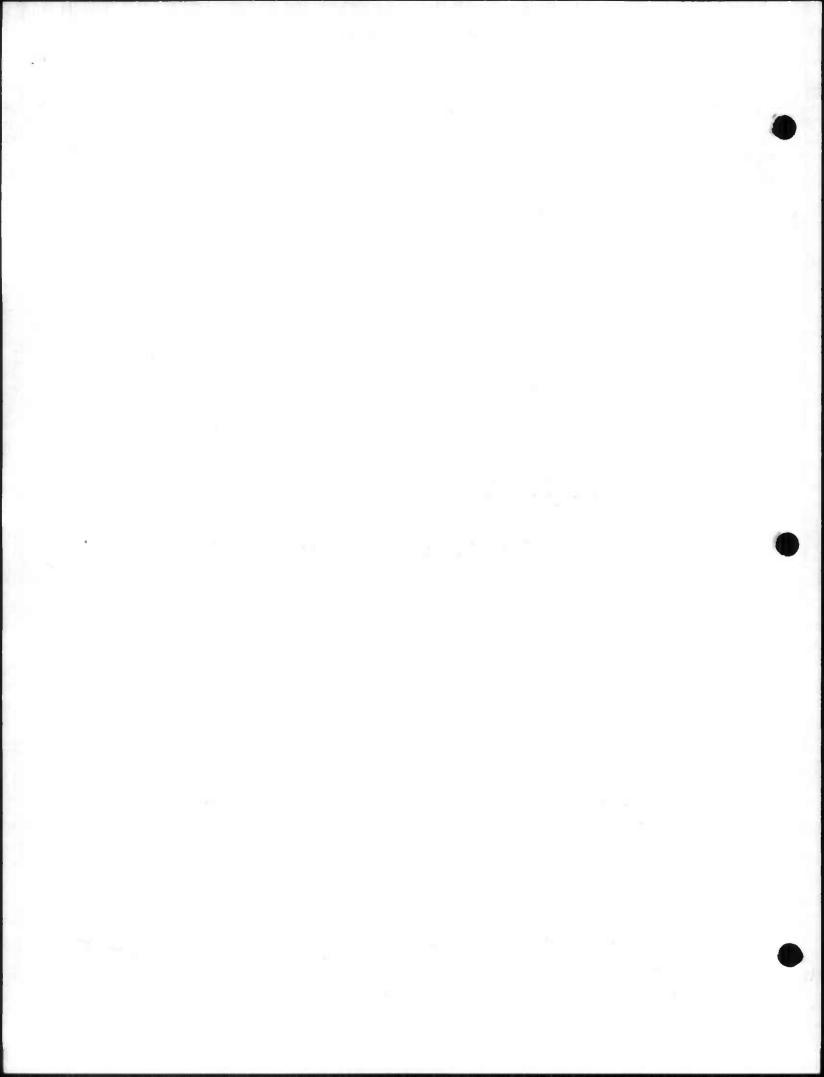


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Month **Physician** 23 Day 1997 Elizabeth Jane Seipp June 6:15 pm /Medical 4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 730 Fairfield Avenue Westminster Carroll Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) OCT 27, 1927 5. Social Security Number If Under 1 9. Birthplace (State or Foreign Country)
Maryland 7. Age (In vrs. last birthday) **Funeral** 1□ M 2₽F 214-24-7981 69 Yrs. Director Usual Residence of Decedent the Marylend 10a State 10b County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at MD Carroll Westminster 1 ☐ Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 730 Fairfield Avenue 21157 USA death Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Detes: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. pemit. Peges 1 end 2 should be filed within 72 hours efter of Department of Health end Mental Hygiene. Important: If flem 27 is marked other than "natural", or fler any Injury or other traumatic event, the Medical Exercises. 1 ☐ Never Married 2X Married Baltimore, Maryland 21215-0020 1 ☐ Yes X ☐ No Specify: Specify þ 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) College (1-4or 5+) Elementary/Secondary (0-12) Homemaker Own Home 18. Mother's Name (First, Middle, Maiden Surname) 17. Fether's Neme (First, Middle, Last) Be George Wendell White, Sr. Blanche Ethel Berry 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) Earl R. Seipp/Husband 730 Fairfield Ave. Westminster, MD 21157 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 □ Burlal 2 X Cremetion 3 □ Removal from Stete Metro Crematory, Inc. 6/24/97 Baltimore, MD 4 ☐ Donation 5 ☐ Other (Specify) ²² Name end Address of Facility Cremation Society of Maryland, Inc. 21. Signature of Foneral Service Lice 1 299 Frederick Rd. Baltimore, MD 21228 Edward A.

23a. Part I. Enter the disease ahock, or heart failure. A. Gregorchik 299 Frederick Rd. Baltimore lisease, or complications that coused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, ilure. List only one couse on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting In deeth) Examiner Due to (or es a consequence of) be executed buriel-transit and Sequentially tist conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting In death) Last Due to (or as a consequence of) physiclan s the buriel Division of Vital Records, P.O. Box 68760. Physician/Medicai Due to (or as a consequence of) ettending 980 signed by the e Part II. Other atgnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 | Yes 2 No 3 | Probably 4 | Unknown à 24b. Were eutopsy findings available prior to completion of ceuse of death? Completed 24a. Was an eutopsy performed? peen page 2 hes 2 No certificate 1 | Yes 2 | 1 | 16 25. Was cese referred to medicel examiner? Be 26. Place of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Home 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 5 Residence 6 □Other (Specify) this Manne of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred Hospital or Attending Pi
 24 hours efter death.
 Funeral Director: After the 28b. Time of 28c. Injury at Work? Certification: 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident investigation 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) in by 4 Homicide To the Hospital of within 24 hours e To the Funeral D completely filled is pelety filled edical 29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and menner es ateted. On the basis of examination and/or Investigation, in my opinion, death occurred at the time, date and piece, end due to the cause(s) and magner stated. 29b. Signatur 29c. License number 29d. Date signed (Month, Day, Yeer) Date filed (Month, Day, Year State JUN 2 5 1997

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State of Maryland / Department of Health and Mental Hygiene

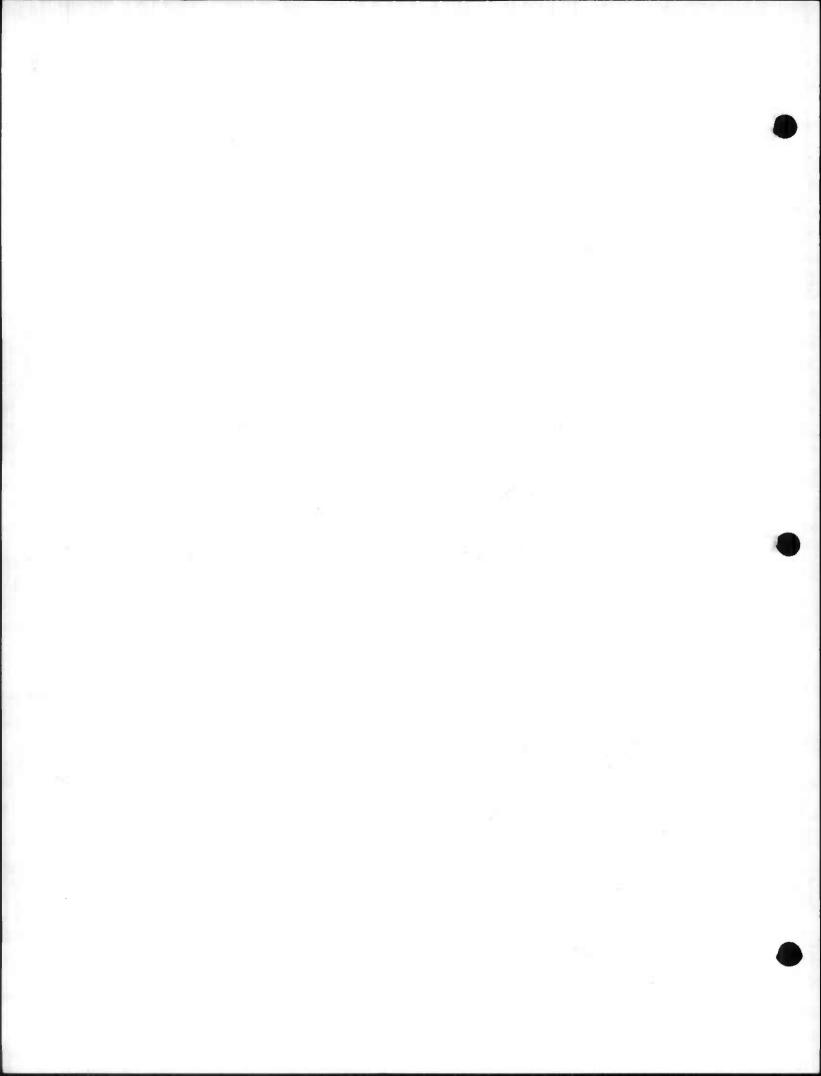
Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** 22, William James Sprich 1997 JUNE /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Anne Arundel General Hospital Annapolis Anne Arundel 8. Date of Birth (Month, Dey, Yeer) If Under 1 Year Birthplece (Stete or Foreign Country) If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Months Deys 1 □ M 2 □ F Yrs. 148-03-6848 76 MAR 8, 1921 Director New Jersey Usuel Residence of Decedent with the Maryland 10a. Stete 10c. City, Town or Location 10b. County 10d. Inside City Limits 28a-f show i is marked other than "natural", or items 23e or 28a-f sho traumatic event, the Medical Examiner mast be notified at MD Anne Arundel Annapolis 1 X Yes 2 □ No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 526 Epping Forest Road 21401 USA permit. Peges 1 and 2 should be filed within 72 hours after deeth a Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or items 28s any injury or other traumatic avant Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 X Yes 2 X Yes, Give Yeer or Dates: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: White by 3 Widowed 4 Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Communications Officer 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) William Julius Sprich Anna Wiley 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 526 Epping Forest Rd. Annapolis, MD 21401

ace of Disposition (Name of Date 20c. Location - City or Town, State Edith Sprich/wife 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 1 ☐ Burial 2 X Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Metro Crematory, Inc. 6/24/97 Baltimore, MD 21. Signeture of Funeral Service Licensee 22. Name and Address of Feculity Cremation Society of Maryland, Inc. 11. 299 Frederick Rd. Baltimore, MD 21228 Edward A. Cresorchik
Pert1. Enter the disease, or complications that caused to
shock, or heart failure. List only one cause on each line caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, **Physician** /Medical Immediate Ceuse (Finel disease or condition resulting in deeth) CANZER OF REZIMM Examiner Due to (or es e consequence of) Examiner Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Physician/Medical Due to (or es e consequence of) Division of Vital Records, P.O. Box or Attanding Physician: The law requires that the death car Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? FIBRILL ATION 1 Yes 2000 3 Probably 4 ☐ Unknown Completed by 24a. Wes en eutopsy performed? 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? this certificate Be 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) Hospital: 1 Department exeminer? Other: 4 Nursing Home 5 Residence 8 Other (Specify) Medical Certification: To 2 ER/Outpetient 3 DOA filled in by the funeral 27. Menner of Deeth 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? After Naturel 2 Accident 5 Pending Investigation 1 Yes 2 No befter deeth 3 Sulcide 6 Could not be 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 4 Homicide To the Hospital within 24 hours or To the Funeral Completely filled Hospital 13 Certifying Physicien: To the best of my knowledge, death occurred at the time, dete end plece, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(s) end menner stated. 29a. Certifier 29b. Signeture and title of certifie 29c. License number 29d. Date signed (Month, Dey, Year) 30. Name and eddress of person cause of deeth (Item 23e) (Type, Print) ETER BESTGATE 900 31. Dete filed (Month, Day, Year) 32. Registrer's Signature State

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Registrar

JUN 2 5 1997



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month 2251 JUNE 20 1997 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY 5. Sociel Security Number 2 18 – 46 – 7493 If Under 1 Yeer | If Under 24 Hrs. 6. Sex 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) Days 1⊠M 2□ F Yrs MD Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1X Yes 2 No Baltimore 10g. Citizen of Whet Country? USA 10e. Street and Number 10f. Zip Code 21224 3236 Elliot St. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ∑ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specity Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Bleck, White, etc. 1 Never Married 2 Married 1 Yes 2 No Specify: Specify: 3 Widowed 4 Divorced Caucasion 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Baltimore City Police 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Olga Lowik Joseph Swiec 19a. Intormant's Name/Relationship (Type, Pnint) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3236 Elliot St., Baltimore, MD 21224 Mrs. Swiec 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1X Burial 2 ☐ Cremation 3 ☐ Removal from State Stanislaus Cemetery 5-97 Baltimore, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funerel Service Licensee 22. Name and Address of Facility Kaczorowski Funeral Home 1201 Dundalk Ave., Baltimore, MD 23a. Pert1. Enter the disease, or complications hat ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart tailure. List only one center the mode of dying, such as cardiac or respiratory arrest, shock, or heart tailure. Approximate interval Between Onset end Death tic Dissection Immediate Cause (Final disease or condition resulting in death) 4 Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or es e consequence ot) Part II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? AR Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of ceuse ot death? 24a. Was an autopsy performed? 25. Was case reterred to medicel examiner? 26. Place of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Departent 2 ER/Outpatient 3 DOA

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7 is marked other than "natural", or items 23s or 28s-f shor traumatic event, the Medical Examinar Exam be notified at

permit. Pages 1 and 2 should be filed within 72 hours Department of Haalth end Mental Hygiena. Important: If Item 27 is marked other than "natural", any injury or other traumatic event, tra Mexical Exa

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Baltimore, Maryland 21215-0020

physician s the burial P.O. Box 68760 93 and parties

Records After Division

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al or Attendin after death. I Director: Aft To the Hospital o within 24 hours at To the Funeral Di

State

28e. Place of Injury - At home, tarm, street, tactory, office building, etc. (Specify) 28t. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a. Certifier 1 Ccrtifying Physician: To the best ot my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) RES-000 30. Name and address of person who comply ause ot death (Item 23a) (Type, Print) a) (Type, Print)

M.D.,

M.D.,

28b. Time of

28c. injury at Work?

1 ☐ Yes 2 ☐ No

28d. Describe how injury occurred

31. Date tiled (Month, Day, Year)

27. Manger of Death

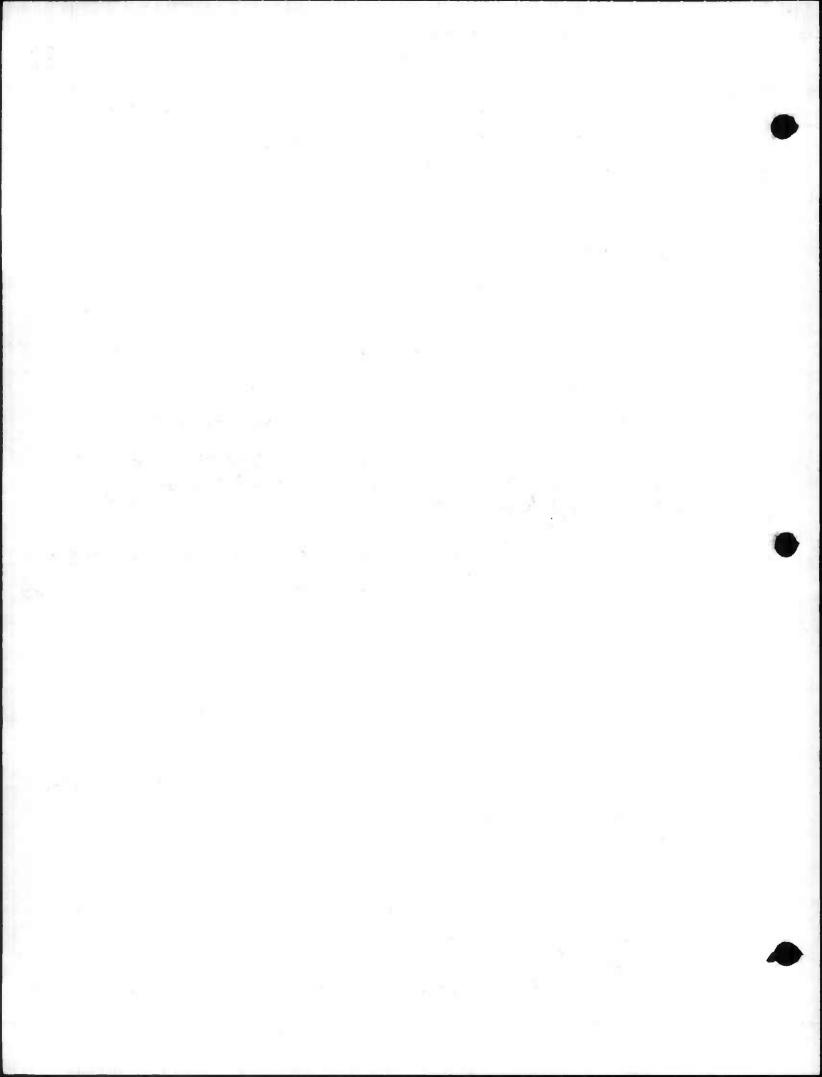
Natural 2 Accident

3 Suicide

5 Pending investigation

6 Could not be determined

JUN 2 5 1997



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State of Maryland / Department of Health and Mental Hygiene

a

Physician
/Medical
Examiner

3. Time of Death

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permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or item any injury or other traumatic event, the Modical Exercises

Baltimore, Maryland 21215-0020

Physician /Medicai Examiner

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Division of Vital

after deal Director: e Hospital o 24 hours af e Funeral Di Pelli To the Hospi within 24 hou To the Funer completely fil

Items5,7 630-97 FilmG748 W.H.Per F/H Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Day Month JOHN Τ. STACHLINSKI 18,1997 553p June 4a. Facility Nama (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death BALTIMORE JOHNS HOPKINS HOSP. If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 6-24-38 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplaca (Stata or Foraign Hours 57 58 Yrs. 216-34-2687 1 M 2 □ F MARYLAND Usual Residence of Decedent 10a, State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yas 2 No MARYLAND N/A BALTIMORE Direct 10e. Street and Numba 10f. Zip Code 10g. Citizan of What Country? 523 S. KENWOOD AVENUE 21224 USA 12. Was Decedent Ever in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Biack, White, etc. 1 ☐ Yas 2 ☐ XIo If Yes, Give Yaar or Datas: 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☐ (No Specify: Specify: WHITE þ 3 ☐ Widowad 4 ☐ Divorcad 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry 12 YEARS College (1-4or 5+) AUTO MECHANIC BELNORD GARAGE 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) ANTHONY STACHLINSKI FRANCES JURKOWSKI 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) MRS. GRACE STACHLINSKI 523 S. KENWOOD AVE. BALTO. MD. 20b. Place of Disposition (Name of camatery, crematory or other placa) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 □ Burial 2 □ Cremation 3 □ Ramoval from Stata 4 □ Donation 5 □ Other (Specify) STANISLAUS CEMETERY6-23 BALTO. MD. 21224 22. Name and Address of Facility KACZOROWSKI FUNERAL HOME 1201 DUNDALK AVE. BALTO. MD. 21222 pilculicus that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, on cause on each line. 23a. Part 1. Enter the disea of constance, or heart feilure. List only Approximete Interval Between Onset and Death Immediate Cause (Final MUUTPLE SUMHET WOUNDS disaasa or condition resulting in death) Examiner Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or as a consequence of) Physician/Medical Due to (or as a consequenca of) Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown p 24b. Were autopsy findings available prior to completion of causa of death? 24a. Was an eutopsy performed? Completed HE Yes 2 No 4 Yes 2 No Be 25. Wes case referred to medical 26. Place of Death (Check only one) examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 ☐ Inpatient ★★ PR/Outpatlent 3 ☐ DOA 2 XXYes 2□ No 27. Menner of Death 28a. Date of Injury , (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 5 Pending Investigation Injury 1 Naturai mys JECT 1897 17358 1 Yes 2 No 2 Accident 6 Could not be determined 3 🗆 Şuicida 28f. Location (Streat and Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide an enounded about a 17 16 006 STUBET 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end placa, and due to the cause(s) and manner as stated. Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete end place, and due to the cause(s) and manner stated. 29b. Signature end title of cartiful 29c. License number 29d. Date signed (Month, Day, Year) June 19, 1997 O.C.M.E. MM.

State Registra

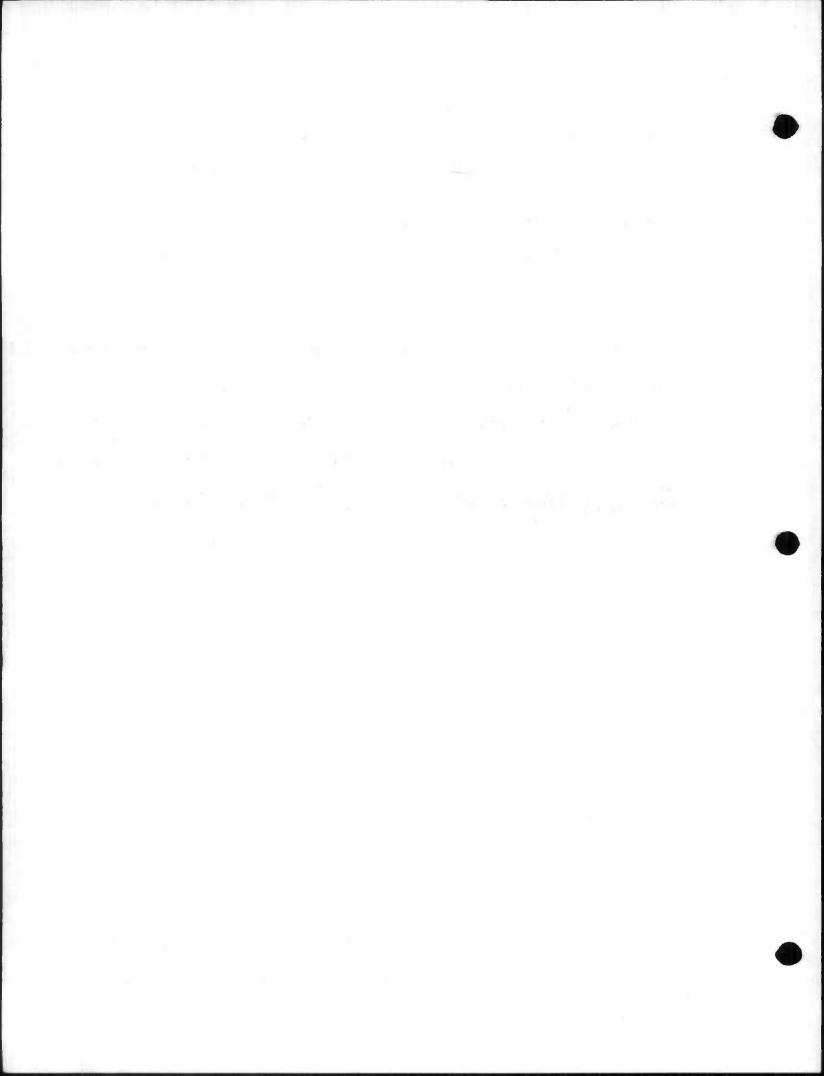
31. Date filed (Month, Dey, Year)
JUN 2 5 1997

PYDOUTO

nd eddress of person who co

Korsu 111 Penn Street, Baltimore, Maryland 21201 Register's Signature

d cause of death (Item 23a) (Type, Print)



Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death ITEM: 23a perDR, G-748 6-25-97 eoh ITEM: 31 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death Month Vaar 6:39An Joseph Harold Simons 14re 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Baltimore If Undar 24 Hrs. Hours Min. B. Data of Birth (Month, Pay, OCT 11. SAINT AGNES N/A PHIAI 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foraign Months **™** 2□ F Yrs 215-07-1038 89 Maryland Usual Rasidance of Decedant 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Maryland Anne Arundel Linthicum 1 Yas 24 No 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 21090 USA 4 Mansion Road 12. Was Decedant Evar in U,S. Armed Forcas? 1X0 Yas 2 □ No 1943 If Yas, Giva Yaar or Datas: 14. Race - American Indian, Black, Whita, atc. Was Decedant of Hispanic Origin? (Spacify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Rican, atc.) 1 Nevar Married Married White 1 ☐ Yas 2 No Specify: 3 Widowed 4 Divorcad 18a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 18b. Kind of Business/Industry Elementery/Secondary (0-12) Collega (1-4or 5+) Traffic Manager Baltimore Business Forms 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Katherine Dimmler TINK. 19b. Mailing Address (Street and Numbar or Rural Routa Number, City or Town, Stata, Zip Coda) 4 Mansion Road Baltimore, MD 21090 19e. Informant's Name/Ralationship (Type, Print) Norma M. Simons/wife 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Ramoval from Stata Metro Crematory, Inc. 6/13/97 Baltimore, MD 5 Othar (Specify) 21. Signature of Funaral Sarvice Ligensee 22. Nama and Addrass of Facility Cremation Society of Maryland, Inc. 1c Dawn F. McDonald 299 Frederick Rd. Baltimore, MD 21228 23a. Part1. Entar tha disaasa, or complications that caused tha death. Do not antar tha mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Immediata Causa (Final disaasa or condition rasulting In death) CARDIO PUMONTAY Due to (or as a consequence of): **ANEMIA** Sequantially list conditions, if any, laading to Immadiata causa. Enter Underlying Causa (Diseese or Injury that initiated avents rasulting in death) Last Dua to (or as a consequence of): Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown HYPERIENSION 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to complation of causa of daath? CEREBRO VASCULA AcRIDENT SOIZN KCS 1 Yas 2 No 1 ☐ Yas 2 ☐ No 25. Was cesa refarred to medical axaminar? 26. Placa of Death (Check only one) Hospital: Othar: 4 Nursing Homa 5 Residence 6 Othar (Specify) 1 Yas 2 No 1 ☐ Impatlant 2 ☐ ER/Outpatient 3 ☐ DOA

pue physician s the burial NAME: JOSEPH After this certificate

27. Mannar of Death 1 Wietural

Physician/Medicai þ

Completed Be

Physician

/Medical

Examiner

Director

Funerai

by

Completed

Be

Funeral

Director

the Marylend

permit. Peges 1 and 2 should be filed within 72 hours efter death with the Maryle Department of Health and Mental Hygiene. Inmoortant: If time 27 is merked other than "natural", or flems 23a or 28a-f show any Injury or other traumatic event, in the traucal Example must be notified.

Physician /Medical

Examiner

Baltimore, Maryland 21215-0020

Medicai Certification: To

2 Accident 3 Suicida 4 Homicida

29a. Certifian

5 Panding investigation

6 Could not be datarmined

28e. Dete of Injury (Month, Day Year)

28b. Tima of injury

28c. Injury at Work? 28e. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Specify)

1 Yas 2 No

28d. Dascribe how injury occurred

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

1 Cretifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and dua to the ceuse(s) end manner as stated.

| Medical Examinar: On the best of axemination and/or invastigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) and manner stated. 29b. Signature and titla of certifier

KESIDENT (SURGERY)

29c. Licensa number P-10880 29d. Data signed (Month, Day, Year) 6-12-97

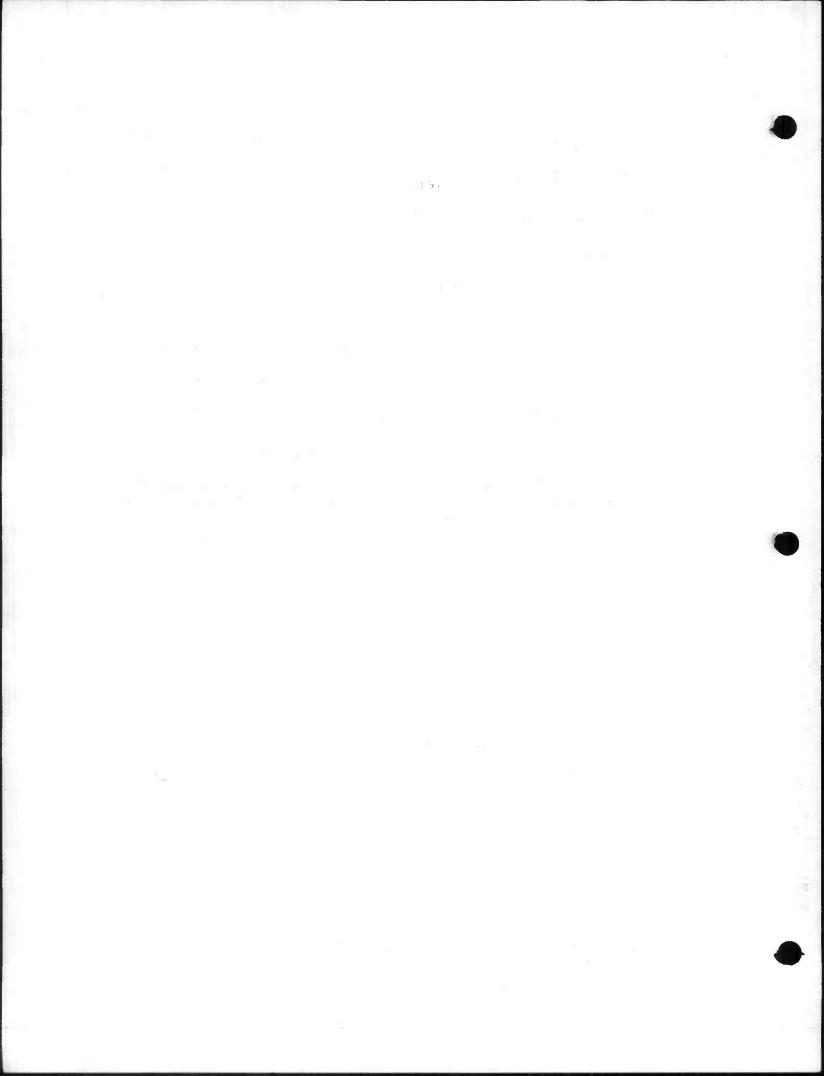
30. Nama and addrass of person who completed ceusa of deeth (Item 23e) (Type, Print)

Ramus Jeyyed. TD.

State Registrar

Director:

To the Hospital of within 24 hours at To the Funeral D completely filled.

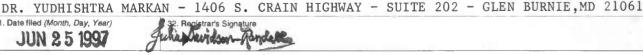


State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month **Physician** Yeer DORIS L. SMITH 19. JUNE 1997 2:45 P.M. /Medical 4a. Fecility Neme (If not institution, give street end number) 4b City Town or Location of Deeth 4c. County of Death Examiner 1203 GLYNDON AVENUE BALTIMORE If Under 1 Year If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Day, Year) 9. Birthplace (State or Foreign **Funeral** Deys Hours 1□ M 2☑ F 357-22-3526 Yrs 68 Director 21,1928 Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits ahow ral", or items 23a or 28a-f ahor Examiner must be notified at 1X Yes 2 □ No Director N/A BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1203 GLYNDON AVENUE 21223 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 72 hours aftar 1 ☐ Never Married 2 N Married 1 ☐ Yes 2 ☐xNo If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: WHITE p Specify: 3 ☐ Widowed 4 ☐ Divorced "natural". Completed traumatic event, the Medical 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) se filed within 7 sal Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 8TH GRADE HOMEMAKER HOMEMAKING 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) 2 should be fi and Mantal H Is marked out Be GEORGE G. SLEEMAN 2 MARGARET J. SINCLAIR 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2 sl Department of Haalth and Important: If Item 27 Is n any Injury or other traun 9 1203 GLYNDON AVENUE - BALTIMORE, MD 21223
e of Disposition (Name of Date 20c. Location - City or Town, State CHARLENE A. SMITH(DAUGHTER) 20b. Place of Disposition (Neme of cemetery, cremetory or other piece) 20a. Method of Disposition 1 ₺ Burlal 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) MEADOWRIDGE MEMORIAL PK | 6/23/97 ELKRIDGE 21. Signature of Funeral/Service Licensee 22. Name and Address of Facility HUBBARD FUNERAL HOME INC. 21229 dans 4107 WILKENS AVENUE-BALTIMORE, MD Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart failure. List only one cause on each line. nterval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Examiner physician and the bunel-transit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events Due to (or as a consequence of): Box 68760. Physician/Medical that initiated events resulting in death) Lest Due to (or as e consequence of) usa P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? á 1 Yss 2 No 3 Probably 4 Hhknown signed t Records. þ 24b. Were autopsy findings evailable prior to Completed 24a. Was an autopsy performed? completion of cause of deeth? 1 Yes 2 No 1 ☐ Yes 2 ☐ No Vital 25. Was case referred to medical Be 26. Place of Deeth (Check only one) i or Attending Physics saftar death. I Director: Aftar this Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 ☐ Nursing Home 5 ☐ Mesidenca 6 ☐ Other (Specify) 2 1 Yes 2 No Division of 28a. Date of Injury (Month, Day Yeer) 28c. Injury et Work? 27. Manner of Death 28b. Time of 28d. Describe how Injury occurred Certification: 1 DNaturel 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 24 hours Hospital 29a, Certifier 1 🕒 Cartifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. To the Vithin 2 To the Complain 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dev. Year)

State Registrar

31. Date filed (Month, Day, Year)

JUN 25 1997

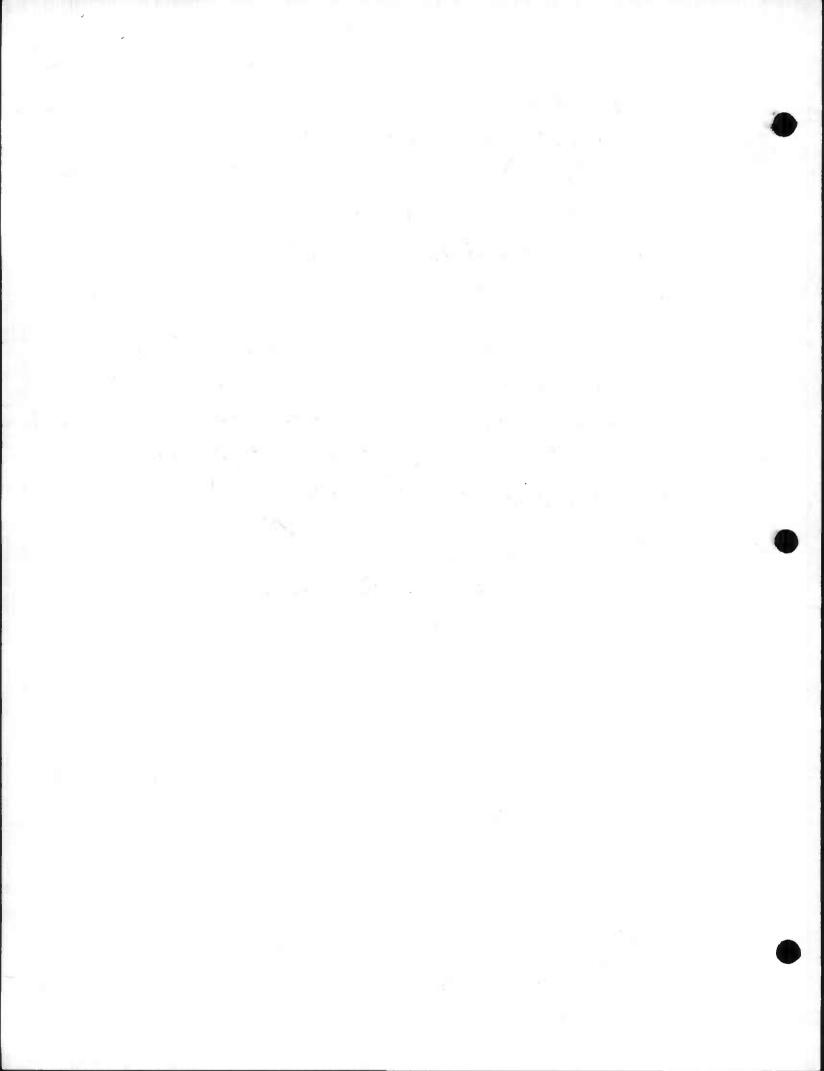


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30. Name end address of person who completed cause of death (Item 23a) (Type, Print)

D 39505

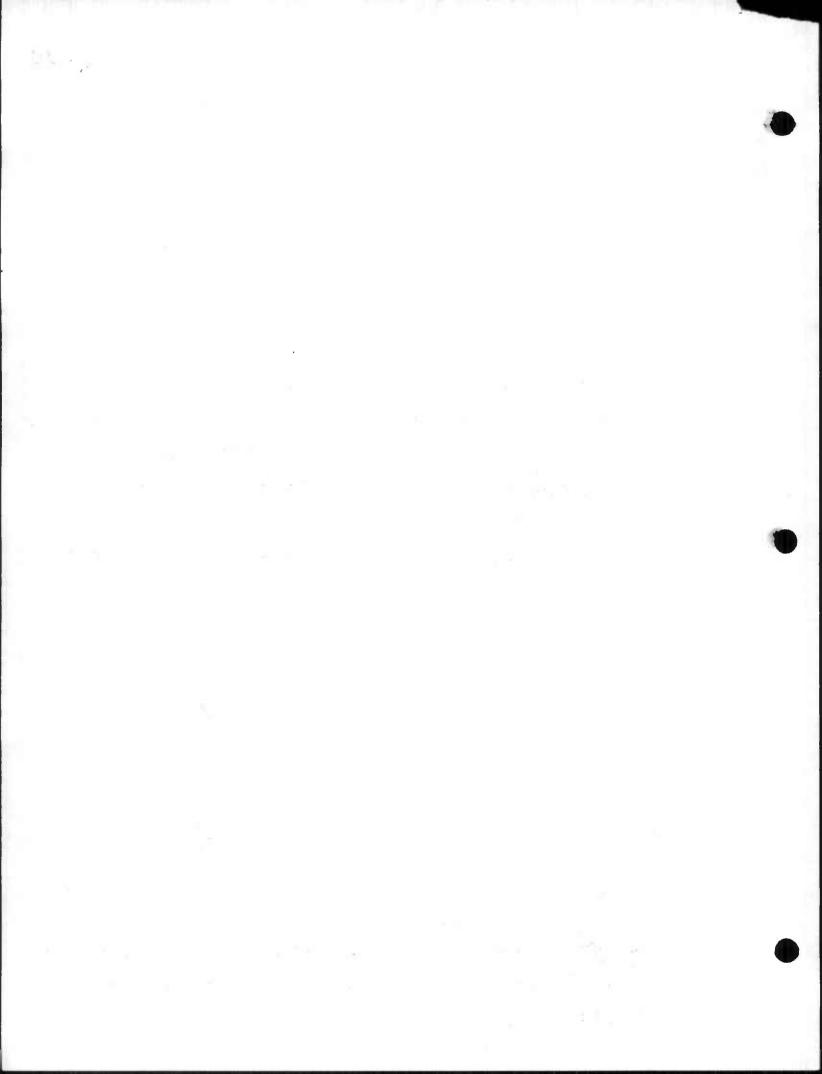
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month **Physician** Dea 06 10:50 Pm /Medicai 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Baltimore Hospital Baltimore ina. If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Day, 9. Birthplace (State or Foreign Country)
NORTH CAROLINA 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) **Funeral** 1 M 2 F Days Hours 243-40-724 Usual Residence of Decadent Yrs. Director the Marylend 10c. City, Town or Location 10a. State 10b. County 10d. Inside City Limits from 27 is marked other than "natural", or froms 23a or 28a-f aho other traumetic event, the Modical Examinal must be northed at Ma ALTIMOTO 1 Yes 2 No Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with permit. Pages 1 end 2 should be filed within 72 hours after deeth v. Department of Health end Mantel Hypjane. Important: If item 27 is marked other than "natural", or items 23a any Injury or other traumatic event, the Modical Example Traus 2006. Funeral Was Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, spacify Cuban, Mexican, Puerto Rican, etc.) Raca - American Indian, Black, White, etc. 11. Marital Status 1 Yes 2 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married altimore, Maryland 21215-0020 1 Yes 2 No þ Specify: 3 Nidowed 4 ☐ Divorcad Completed 16a. Decedent's Usuel Occupation
(Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) pper hare. ARMING -0-77 17. Father's Name (First, Middle, Last) s Name (First, Middle, Meiden Surname) Be WARD assei emon 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Ave 320 Balt. Daunders mp 20b. Place of Disposition (Name of 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 💆 Removal from State cametery, crematory Windsor 4 ☐ Donation 5 ☐ Other (Specify) OIN 21. Signature of Funeral Service Licensee 22 Name and Address of Facility EILI N MonROS Street Palt. MD 21217 eln 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest shock, or heart feilure. List only one cause on each line. Approximate interval Between Onset and Death **Physician** Immediate Cause (Finel disease or condition resulting in death) /Medicai Sepsis Examiner Due to (or as a consequence of): Examiner neumonia ettending physician end for use es the buriel-transit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or as a consequenca of) the deeth certificate be axecu Records, P.O. Box 68760. Physician/Medical Due to (or as a consequence of) Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown à 90 24b. Were autopsy findings available prior to completion of cause of deeth? 24e. Wes en autopsy performed? Completed 1 ☐ Yes 2 No 1 Yes 2 No Division of Vital 25. Wes case referred to medical examiner? Be 26. Piece of Death (Check only one) Hospital: Other: 4 Nursing Home 2 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 5 ☐ Residence 6 ☐ Other (Specify) 28b. Time of 27. Manner of Deeth 28d. Describe how injury occurred 28c. Injury at Work? Certification: Aftar Neturel 2 Accident 5 Pending investigation il or Attending s after deeth. 1 Yes 2 No the 6 Could not be determined 281. Location (Street and Number or Rural Route Number, City or Town, State) 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 - Homicide Hospital 24 hours 29a. Certifier 15% Certifying Physicien: To the best of my knowledge, death occurred at the time, dete end place, end due to the ceuse(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. Medical (Check only one) To the I 29b. Signatur and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) mo ddress of person who completed cause of death (Item 23a) (Type, Print) 2401 West Belvedore Ave. Baltimore, MD 21215 Ockerman, MD Troy Ockerman 31. Date filed (Month, Day, Year) Registrar's Signature State Registrar JUN 25 1997



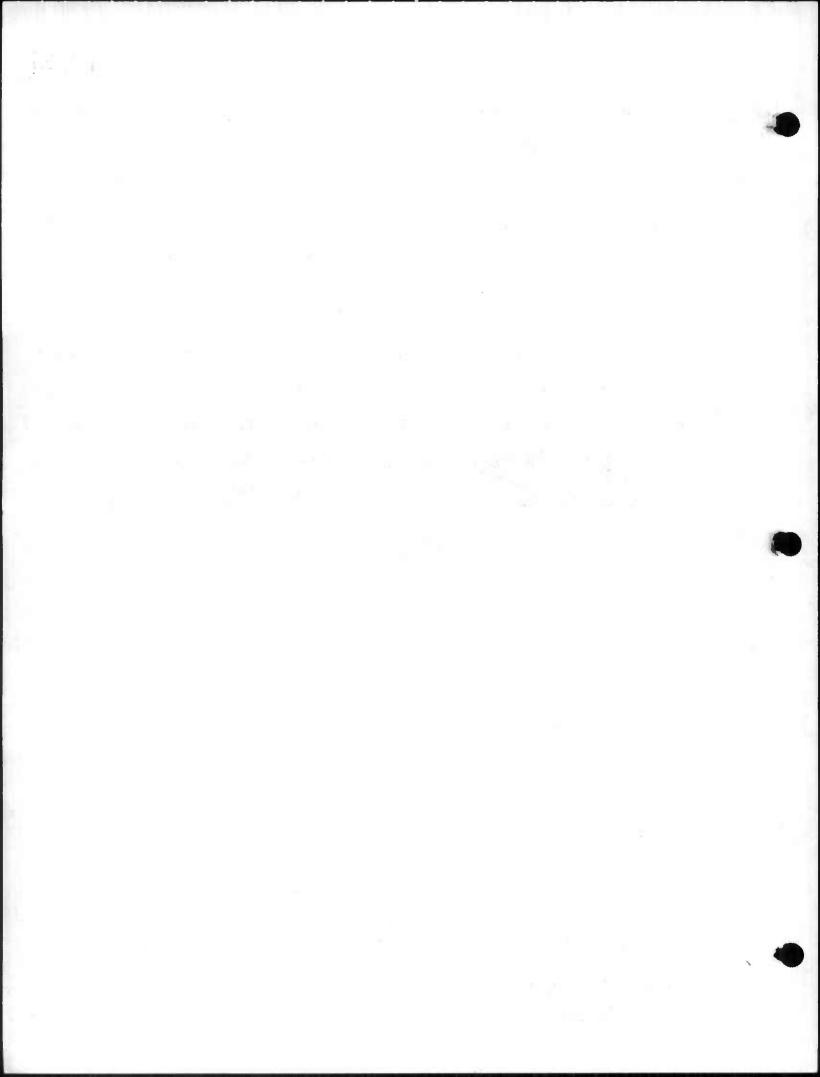
State of Maryland / Department of Health and Mental Hygiene 97 19399

						Ce	rtificate o	f Death		Reg. No.		
Physic /Med		1. Decedent's Neme (First, Mary J.							2. Dete of Month		9 9 9	3. Time of Death 2:00pm
Exami		4e. Fecility Neme (If not insti			um <i>ber)</i>			4b. City, Town, Dunda	or Location of De		ty of Death	
Funeral Director		5. Sociel Security Number 219-28-320 Usuel Residence of Deceder	6. 9	Sex 1XM 2□F	7. Age ((In yrs. lest birthday) Yrs.	If Under 1 Year Months Dey	If Under 24 h	Hrs. 8 Date of I	Rinth	O Dieth	plece (Stete or Foreig intry) aryland
Marylend H show	tor	10a. Stete 10b. Co	unty	.more	1	Oc. City, Town or Lo						10d. Inside City Limits
vith the	Director	10e. Street end Number	- 7				10f. Zip Code			10g. Citizen of	Whet Cou	intry?
death v	Funeral	201 Colga	Le A	12 Was Day	cedent Ev	er in U.S. 13.	2122 Wes Decedent of		(Specify Yes or	USA No- 14. Re	ace - Amer	Ican Indien,
72 hours efter death with the Maryland "natural", or items 23s or 28s-f show adical Examiner must be notified at	by	1 Never Merried 2 3 Widowed 4 Divo		Armed F	orces? 2 No live		If Yes, specify Cu		? (Specify Yes or uerto Rican, etc.)		eck, White ity: Whi	
d within 72 ho jiene. r than "natur	Completed	15. Dec (Specify only h Elementery/Secondery (0- 9 Yrs.	ghest gn	ducation ede com <i>pleted;</i> College ((1-4or 5+)	(Give	dent's Usuel Occ kind of work don DO NOT use reti Ltress	upation ne during most of red)	working	16b, Kind of		ndustry
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d 2 should th and Men 7 Is marke traumatic	-	19e. Informent's Neme/Rele							Rurel Route Nur			
Pages 1 and 3		Carol Lee : 20e. Method of Disposition 1 Burlel 2 Creme	lon 3 [Removel from		20b. Plece of Dispo	sition (Neme of metory or other p		on St. Dete	Baltime 20c. Location Balti	- City or T	
permit. Pa Department Important: any injury socs.		4 Donetion 5 Other	or (Special	(A)		22	Name end Add	y Fune:	ral Hom	ne Of D	unda	
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aw requires se been sign 2 should be	Completed by								24a. W	es en eutopsy rformed?	er Cr	Vere autopsy findings veileble prior to ompletion of cause f deeth?
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nd Phy Physical Medium	atlon: T	27. Menner of Deeth	nding estigatio	28e. Dete (Mor		28b. Time of	28c. In			e how injury occu		197
tal or Attendors at Director A led in by the first	Certification:		uld not b termined	28e. Pieci	a of Injury ting, etc. (- At home, farm, str Specify)	eet, fectory, offic	0	28f. Location City or 7	(Street end Num fown, Stete)	nber or Rur	rel Route Number,
To the Hospital or At within 24 hours after or To the Funeral Direct completely filled in by	edical	29e. Certifier 1 Cert (Check only one) 1 Mad	ifying Ph Ical Exar	niner: On the b	e best of ropes of expenses of	ny knowledge, deeth kaminetion end/or In d.	occurred et the vestigation, In my	time, dete end pla opinion, deeth o	ace, end due to the courred et the time	ne ceuse(s) end n e, dete end plece	nenner as a , end due t	steted. to the ceuse(s)
To the To the comple	Σ	29b. Signaturand title once	Mar	7	_		29c. Lice	nse number		29d. Date sign	ed (Month,	Dey, Yeer)
H		30. Name and address of per	son who	completed cau		th (Item 23a) (Type,	Print)	1+207	0	6/2 ALTIMONE	5 4-	+
- 01		31. Dete filed (Month, Dey, Y		E, MD	Registraria	Jatus	HopKIN	us Hos	p. B.	ALTIMONE	MI) .
Sta Regist		6/23/97	<u></u>	32. 1	JUN	\$ 5 1997	of white	· Devidson	Randella			

6/23/97



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	Physic /Medi		GERDA	VAN DUIN				Month 06	Dey	97	18476
5	Exami		4e. Fecility Neme (If not institution, gh		./			, or Location of Dec		y of Deeth	
	128		UNWERSITY OF		Hospip		BAUT	-		N/A	
	Funeral			Sex 7. Age (In yi 1 □ M 2 0 F 48	s. last birthday Yrs.	Months Dey		Min. 8. Date of 8	Sirth Dev. Year) 15, 1948	Country)	(Stete or Foreign
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1	Mand Mand		10e. Stete 10b. County	10c. (City, Town or I	_ocation				10d. lr	nside City Limits
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4	or 28	Director	10e. Street end Number			10f. Zip Code			10g. Citizen of		
4	238	<u>a</u>	Natal Street 3	19		2572 D	e Haag		Nether	lands	
020	nous aller death with the Maryland lural', or frems 23s or 28s-f show al Evaminer must be notified at	by Funeral	11. Marital Status 1 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever In Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates:	U,S. 13	. Was Decedent of If Yes, specify C		? (Specify Yes or N Puerto Rican, etc.)	14. Red Ble Specifi	ca - American in ick, White, etc.	
21215-0020	atura		15. Decedent's E	ducation	16e. Dec	edent's Usuei Occ	upetion		16b. Kind of B	ustness/Industry	
121		Completed	(Specify only highest gra Elementary/Secondery (0-12)	ede completed) College (1-4or 5+)		edent's Usuei Occ re kind of work doi DO NOT use ret		f working			
	F F S	Con	N/A		3	Secretari	1		Departn	ient of	Justice
Maryland	d off	Be	17. Fether's Neme (First, Middle, Last Gerardus Van Du					Neme (First, Middle		ne)	
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e :	The Sher		20a. Method of Disposition			oosition (Neme of ematory or other p		Ave., Ba	-	- City or Town, S	
Baltimore,	A M H		1 Buriat 2 Gramation 3 C 4 Donation 5 Office (Special	REMOVED ALON		ematory or other p real Cem					
	min a		21. Signature of Europal Service Lice	0.0.00100	1 2	22. Name end Add	Iress of Fecility			laan, D	еп паад
ñ	Se la se		12:1	1	9	Schimunel	2 Funera	l Home II	nc.	0 1 0	
	hysician /Medical xaminer	al Examiner	Immediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that brid the conditions of the cause of the conditions of the cause of the cau	b	Ton es e conse		niène				et end Deeth
at the death codiffer	igned by the attending probe detached for use as the	Physician/Medical	that initiated events resulting in death) Lest	d	(or es e conse		given in Pert I.	23b. Dic	d tobacco use co	entributa to the	cause of death?
T and	ed by t		begant can	ey				10	Yes 2 No	3 Probably	4/30 nknown
The law requires that the death con	peen s	Completed by							s en autopsy formed?	evellable	utopsy findings e prior to ion of cause ?
		Con						10	Yes 2 No	1 ☐ Yes	2□ No
VIC	is certificate has director, page 2	Be	25. Wes case referred to medical exeminer?	Hoopital.				Deeth (Check only	one)		
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OIVISION OF VITAL	death. tor: After th	Certification:	27. Menner of Deeth 1 Selectivet 5 Pending 2 Accident Investigation 3 Sulcide 6 Could not b	9	28b. Time Injury	M 1	Yes 2 No		how Injury occur		
	s after death I Director:	Sertif	4 ☐ Homictde determined	28e. Pleca of Injury - At building, etc. (Spec	cify)	treet, rectory, onic	9	City or To	(Street end Numl own, Stete)	oer or Hurer Hou	te Mulliber,
the Hospit	within 24 hours after of To the Funeral Direct completely filled in by	edical	- Contract of the Contract of	ysician: To the best of my kr niner: On the bests of exemir and menner steted.	nowledge, dee netion end/or Ir	th occurred et the nvestigetion, in my	time, dete end p opinion, deeth o	lece, end due to the	e cause(s) end ma e, date and plece,	anner as steted. end dua to the o	cause(s)
٥	To To	M	29b. Signature and title of certifier	R		29c. Lice	52095		61	22 Q7	Year)
	Sta Registr	ite ar	30. Neme and address of person who MARK LOTTE: 31. Dete fited (Month, Dey, Yeer) JUN 2 5 1997		UERSITY	e Hospa	ne R.	n NGEI	3 BAC	Sm or	21201



DANIEL JEROME WHEELER

State of Maryland / Department of Health and Mental Hygiene

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Funeral Director

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Baltimore, Maryland

r 25a-f show r notified at Director mant be n Funeral by Completed

filed within 朝 Pages 1 and 2 should be nent of Health and Mental Department of Health a Important: If them 27 is any injury or other tra

Physician /Medical Examiner

physician and the buriel-transit the death certificate be executed P.O. Box 68760. 950 signed by the a Records, irector, pege 2 s Division of Vital Hospital or Attending Physician: 24 hours efter death. Funeral Director: After this certifica etely filled in by the funeral director, t To the Hospital or within 24 hours eff To the Funeral Di completely filled in

Certificate of Death Items: 10e, 19b per G-749 7/25/97 reb 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death Month DANIEL JEROME WHEELER 21, 1997 JUNE 8:30AM 4e. Facility Neme (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Deeth JOHNS HOPKINS HOSPITAL N.C.C.U BALTIMORE If Under 1 Year If Under 24 Hrs. 5. Sociei Security Number 6 Sex 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) 1 € M 2 □ F Deys 218-60-9462 43 AUG 5, 1953 MD Usuel Residence of Decedent 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1√ Yes 2 No MD BALTO 10e. Street end Number 2564 Aisquith St. 10f. Zip Code 10g. Citizen of Whet Country? -2561-AISQUITH 21218 U.S.A.

14. Reca - American Indien,
Black, White, etc. 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritel Status 1 Yes 2 No If Yes, Give Yeer or Dates: 1 ☐ Never Married 2√2 Married 1 Yes 2 No Specify: Specify: BLACK 3 Widowed 4 Divorced 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12th 17. Fether's Name (First, Middle, Last) LABORER CARPET CO 1 yr 18. Mother's Name (First, Middle, Malden Sumame) Be WILLIE WHEELER RACHEL ROUSE 19b_Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informent's Neme/Reletionship (Type, Print) JOHNNIE WHEELE/WIFE ZOOI AISOUITH ST BALTO, MD 21218 20b. Placa of Disposition (Name of cametery, crematory or other place) 20c. Location - City or Town, Stete 20e. Method of Disposition JUNE 26 1 Buriel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) MT. ZION CEM 1997 BALTO, MD 22. Name end Address of Fecility BETTS FUNERAL HOME 21. Signeture of Funerel Servica Licensee 1129 N. CAROLINE ST BALTO, MD 21213 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart feilure. List only one ceuse on each line. attecia Approximete Onset end Death immediete Cause (Finel force head diseese or condition resulting in deeth) Due to (or es e consequence of) Examiner Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in deeth) Lest Due to (or es e consequenca of): Physician/Medicai Due to (or es e consequença of) Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Type 2 No 3 Probably 4 Unknown 2 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24a. Wes en eutopsy performed? Completed 1 Yes 2 No 12 Yes 2□ No 25. Wes case referred to medical exeminer? Be 26. Place of Deeth (Check only one) Hospital: XIXInpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) XXYes 2□ No 2 Certification: 27. Menner of Deeth . Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Injury 1 Neturel 5 Pending 1 Yes 2 No 0140 M Subject hit with blunt object 281. Location (Street and Number or Pural Route Number, City or Town, State) 4200 St. George Ave Investigation 6-20-97 2 Accident 6 Could not be determined 3 Suicide 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Lawn Lawn
Baltimore City, Maryland

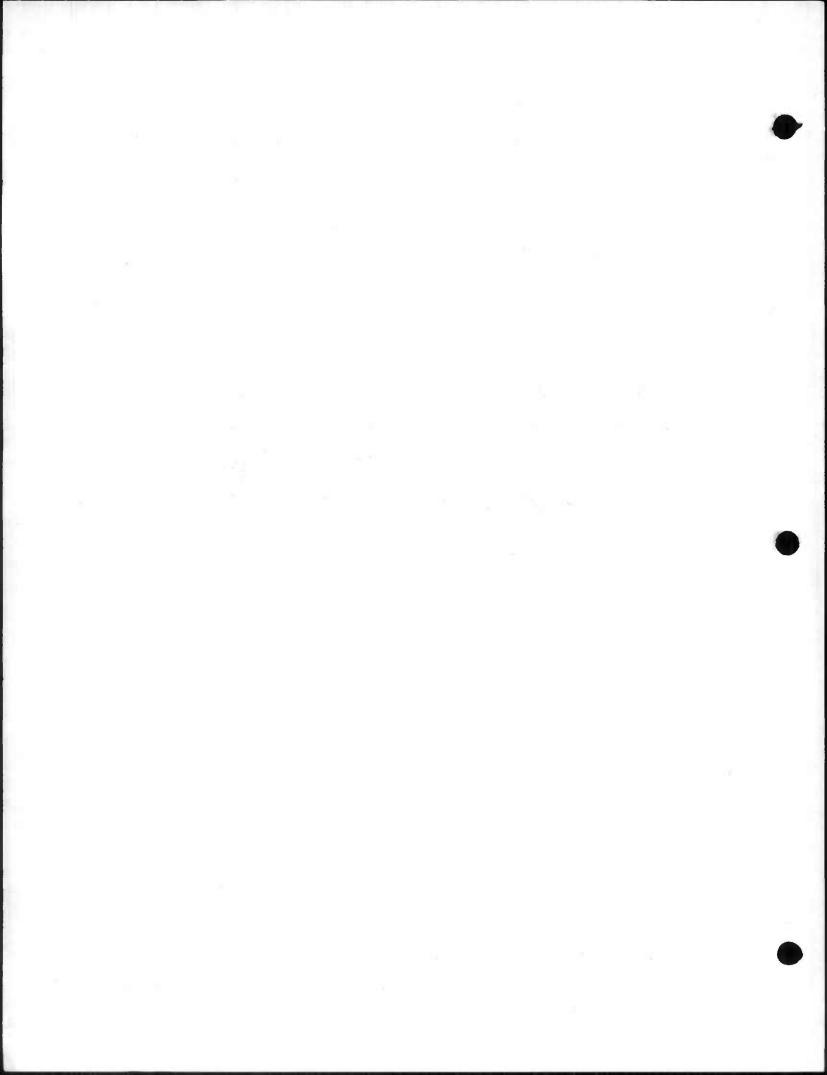
1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated. 29a, Certifier (Check only one) XX Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date end placa, end due to the cause(s) end menner stated. 29b. Signeture end title of cartifier 29c. License number 29d. Date signed (Month, Day, Year) JUNE 22, 1997 30. Neme end eddress of person who completed cause of death (Irom 23e) (Type, Print) O.C.M.E

MD 111 Penn Street, Baltimore, Maryland 21201

DHMH 16 Rev 6/95

State Registrar Stephen S. Radentz,

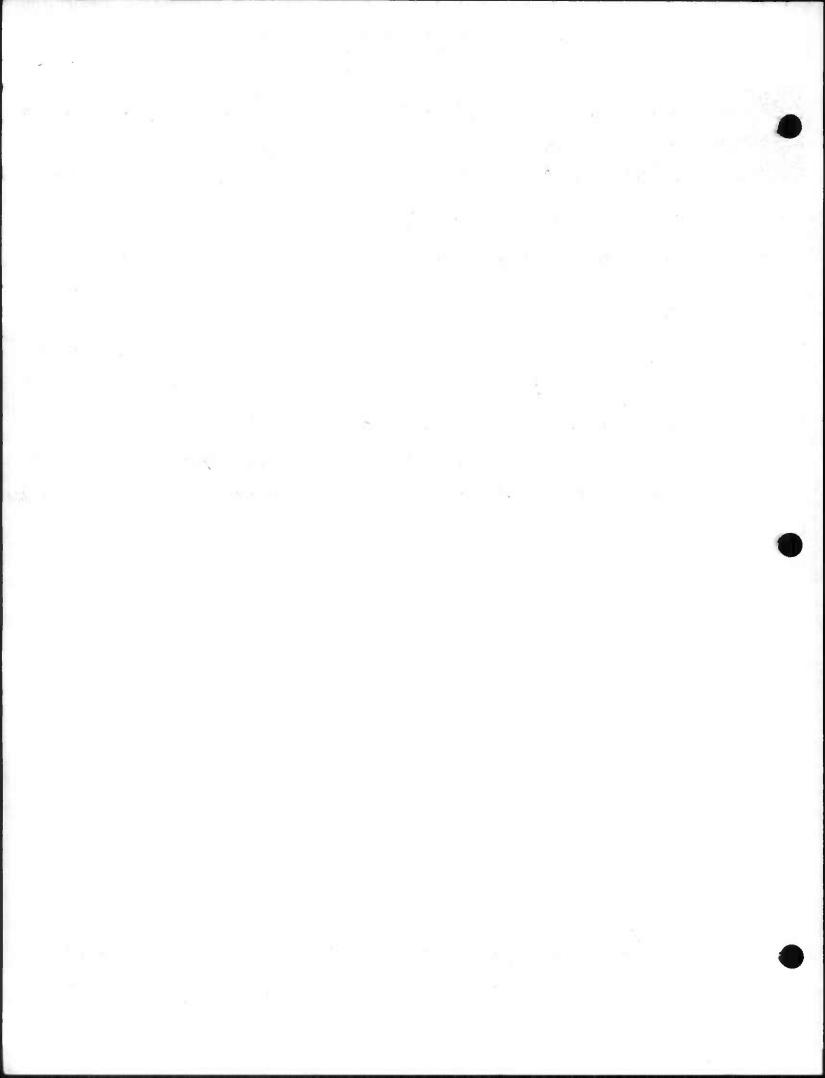
34. Register's Signeture Randelle



State of Maryland / Department of Health and Mental Hygiene

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					C	ertificate of	Death	R	eg. No.	1 5 700.
	Physici /Medic Examir	al	1. Decedent's Name (First, Middle, Last) 4a. Facility Neme (If not Institution, give s	enry Wri	gh	+	4b. City, Town, or Lo	2. Dete of Dear Month JULD cation of Deeth	Day Year 2 4c. County of Dee	3. Time of Death 7 4: 10 AM
	Funeral Director		5. Social Security Number 6. Sex 1 Usual Residence of Decedent	101-10	est birtho	Months Days		8. Date of Birth (Month, Dey	Year) 9. Bit	nthplace (Stete or Foreign ountry) M. J.
	the Meryland 28a-f show notfied at	ctor	10e. State 10b. County M. d. N. A.	10c. City, Ba	Town	r Location				10d. inside City Limita 1 1 Yes 2 □ No
	ath with the 2 state or 2 must be no	Funeral Director	3600 HILLS		E	10f. Zip Code 2120	7		Og. Citizen of What C	}
0200	72 hours after death with the Meryland natural, or Hems 23s or 28s-f show olds! Examiner must be notified at	þ	11. Meritel Stetus 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. Was Decedent Ever in U,S Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates:		13. Wes Decedent of H If Yes, specify Cub. 1 ☐ Yes 2 ☑ No	dispanic Origin? (Spe an, Mexican, Puerto i Specity:	cify Yes or No- Rican, etc.)	14. Race - Am Bleck, Whi Specify:	
Maryland 21215-0020	within ene. then	Completed	15. Decedent's Educ (Specify only highest grade	cation completed) College (1-4or 5+)	, (C	ecedent's Usual Occupive kind of work done to DO NOT use retire	pation during most of working d)	ng	18b. Kind of Business Weslern	Cleatic
and	ed is o	Be	17. Father'a Name (First, Middle, Last)	+			18. Mother's Name		Meiden Sumeme)	
	ofth a	То	19a. Informant's Name/Relationship Tyz	A pe, Print)	19b. N	lailing Address (Street	end Number or Rura		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Zip Code) _
Baltimore,	Peges 1 in nent of He murt. If Nem		20a. Method of Disposition 1 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emovel from State CR	metery,	isposition (Neme of cremetory or other ple	mem Pt6	1 1	20c. Location - City of	Town, State
Bal	Departr Departr Importa any inje		21. Signature of Funeral Service License	Locks . Je		Locks 31	meral Ito	me 130	47. Centr	al are Balton
	Physician /Medicai Examiner	91	23a. Nar(1. Enter the disease, or complic shock, or heart failure. List only on Immediate Cause (Final disease or condition resulting in death)	CERE	32-6	enter the mode of dyling the mode of dyling the mode of the mode o	ng, such as cardiac c	r respiratory arr	est,	Approximate Interval Between Onset and Deeth
x 68760,	iries that the death certificate be executed signed by the attending physician and id be deteched for use as the burist-transit	Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last	Due to (or e		sequence of):				
. Box	that the death cered by the attendir deteched for use	Physician/	Part II. Other significant conditions cont		ting in th	e underlylng cause giv	ven in Part I.	23b. Did to	obacco use contribut	e to the cause of death?
, P.O	es that the igned by the	by Phy						1□ Y	es 2 No 3 I	Probably 4 Donknown
Records,	muires	Completed b						24a. Was a perton	n autopsy 24b.	Were autopsy findings available prior to completion of cause of deeth?
Z	12 38		25. Was case referred to medical				Of Diseased Death	1 🗆 Y		1 ☐ Yes 2 ☐ No
n of VI	ding Physici h. After this certi funeral directi	on: To Be	examiner?		R/Outpe 28b. Tim Inju	e of 28c. Injur		ne 5 🗆 Reside	ence 6 Other (Sp.	ecity)
Division of	leat lor:	Certification:	2 Accident 3 Sulcide 4 Homicide	28e. Place of Injury - At hom building, etc. (Specify)	ne, farm		Yes 2 □ No	28f. Location (S. City or Town	treet and Number or F n, State)	Rurel Route Number,
	To the Hospital or Att within 24 hours efter d To the Funeral Direct completely filled in by	edicai C	29a. Certifier (Check only one) 1 Certifying Physical Examine	iclan: To the best of my knowl er: On the basis of examination and manner stated.	iedge, d on and/o	eath occurred at the tir r Investigation, in my o	me, date and place, a pinion, death occurre	and due to the c ad at the time, d	ause(s) and manner a ate and place, and du	is stated. e to the cause(s)
	To th Vithir To th	M	29b. Signature and title of certifier	1.	111	29c. Licens	se number	2	9d Date signed (Mon	oth, Dey, Year)
•			30. Name and address of parson who con	npleted cause of death (Item 2	23a) (Ty	pe, Print)	140	- 1	July 0	7/11/
	Sta Registr		31. Date filed (Month, Dey, Yeer) JUN 2.5 1997	32. Registrar's Signatu			- Hash	5 low	epsna	131216.



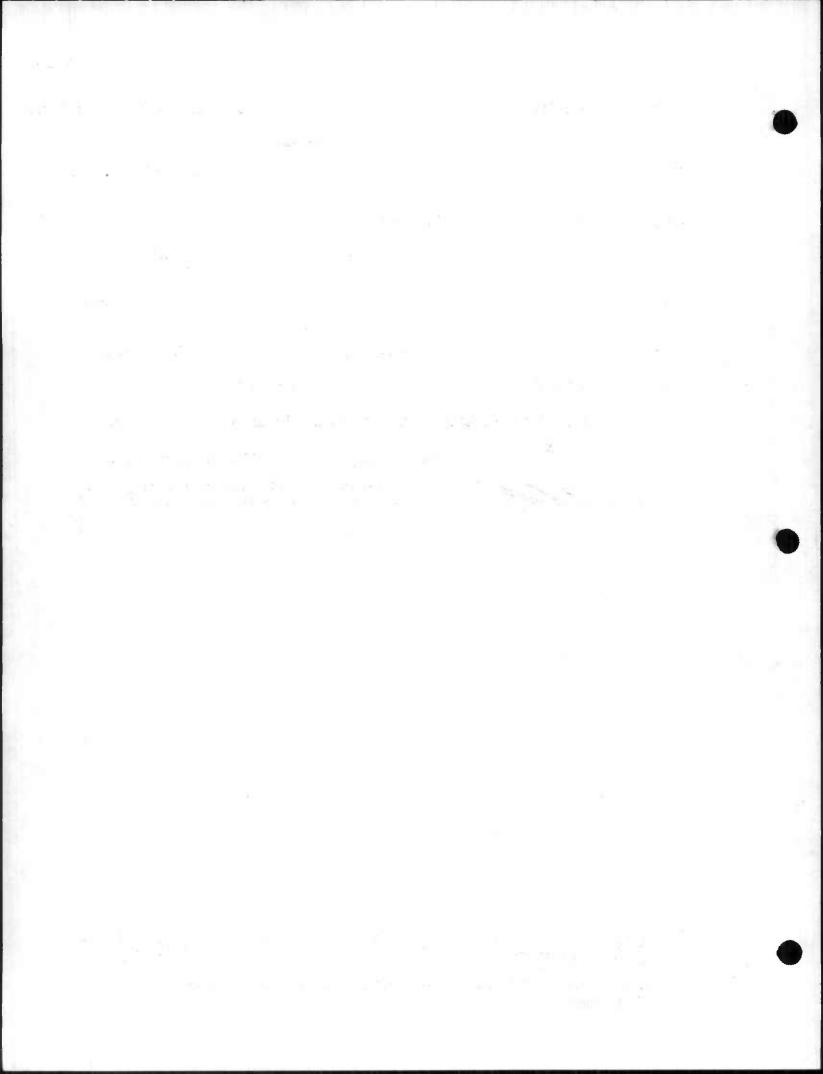
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19403

					Ce	rtificate	of i	Death			Reg. No.		
Dhuaia		1. Decedent's Nema (First, Middla,								2. Date of De Month	eth Dey	Year	3. Time of Deeth
Physici /Medi		JAMES	E.	WILSON						(0	22	1997	130 pu
Exami		4e. Fecility Neme (If not institution,	giva street and no	umber)			4	4b. City, To	wn, or Lo	ocation of Deat	h 4c. Cou	nty of Death	
		ANNE ARUNDEL M	IEDICAL	CENTER				ANNA	APOL:	IS	A.A	. co.	
Funeral		5. Sociel Security Number	6. Sex	7. Aga (In yrs. I	est birthdey)	If Undar 1 Months	Yaar	If Undar Hours	24 Hrs. Min.	8. Dete of Bir	th Veerl	9. Birth	olaca (Stata or Forei
Director		220-14-5289	1 □XM 2 □ F	71	Yrs.	Monthia	Doys	riours	IAIII.	8. Dete of Bir (Month, De 10/12	/1925	BALT	IMORE, MD.
D		Usual Residence of Decedent											
anylar Phow	_	10e. Stete 10b. County		185	, Town or Lo								10d. Inside City Limit
W F	cto	MARYLAND		BA	LTIMO	RE							1 Yes 2□N
or 2	Directo	10e. Street and Number				10f. Zip C	Code			161	10g. Citizen	of What Cou	ntry?
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or th		1 Never Merried 2 Marrie	d 1 🗘 Yes	2 □ No		1 ☐ Yas 2X		Specify:	,				
ours	l by	3 ☑ Widowed 4 □ Divorced	Yeer or I	Dates: 43-46		10 100 21	2110	opeony.			Spe	AFR	O. AMERIC
hin 72 h	Completed	15. Decedent's (Specify only highest	s Education)	16a. Dece	dent's Usuel	Occup	ation	t of work	ina	16b. Kind o	f Business/In	dustry
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d 2 should th end Mer 7 Is marks traumatic	ľ	19e. informent's Name/Reletionsh	lp (Type, Print)		19b. Melli	ng Address (Street	end Numbe	er or Run	al Route Numb	er, City or To	wn, Steta, Zij	Code)
CHNF		TYRICE A.	BAYNES		271	6 GILE	ES F	ROAD,	BAL	TIMORE,	MARYL	AND 21	.225
m - = 0		20a. Method of Disposition		0.0	ace of Dispo	osition (Neme	e of	ce)		Dete	20c. Location	on - City or To	own, Stata
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Department Department Important: any Injury		21. Signature of Funerel Service L	icensee	(*)							E D A		
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		23a. Part1. Enter the diseasa, or diseasa, or diseasa, or heart fellure. List of	nly ona ceusa on	aagh lina.	. 50 1101 0111	tor the mode	or dy ar	ig, 5001 65	0410100	or respiratory e		1	interval Between Onset and Death
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ath. r: After e fune	atio	1 ☐Naturai 5 ☐ Pending 2 ☐ Accident Investige		un, Day 1 bary	mjury	М		Yes 2□	No				
Attending ir death. ector: Afte by the tune	iffic	3 ☐ Suicide 6 ☐ Could no 4 ☐ Homicide determin	and Zoe. Pleci	a of injury - At hor	ne, ferm, sti	reet, fectory,	offica			28f. Location (City or To	Street and Nu	mber or Run	al Route Number,
To the Hospital or Atten within 24 hours after deal To the Funeral Director: completely filled in by the	Certification:	4 Homolog	Dulid	ling, etc. (Specify,	,					City or 10	wii, Sialaj		
Hospital M hours Funeral fely filled	_	29e. Certifier 12 Certifying	Physician: To the	e best of my know	rledge, deeti	h occurred et	the tin	ne, dete an	d piace,	and due to the	cause(s) and	manner as s	stated.
To the Hospital within 24 hours a To the Funeral C completely filled	edicai	(Check only 2 Msdlcai E	xaminer: On the b and mer	pasis of axaminati nner steted.	on and/or in	vestigation, i	n my o	pinion, dee	th occur	red at the time,	dete and place	ca, and due t	o the cause(s)
vithin To the Comple	Ž	29b. Signeture end title of certifier	1.	-		29c.	Licens	e number			29d. Date sig	ned (Month,	Dey, Year)
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		1000	100			0	1 1 0					- //	
22		30 Name and address of person w	ho completed care	so of doeth /item	23a) /Tumo	Print)							
22		30. Nama and address of person w		se of death (itam	23a) (Type,	Print)	N.	, 40	90	Ann	mbo	Lin.	7/0/2
22		30. Nama and address of person w John Jackson 31. Dete filed (Month, Dey, Year)	· MA	se of death (itam 2003 Registrer's Signet	23a) (Type, Heste	Print)	1Ke	4 46	20,	Jung	roles,	LO?	21012

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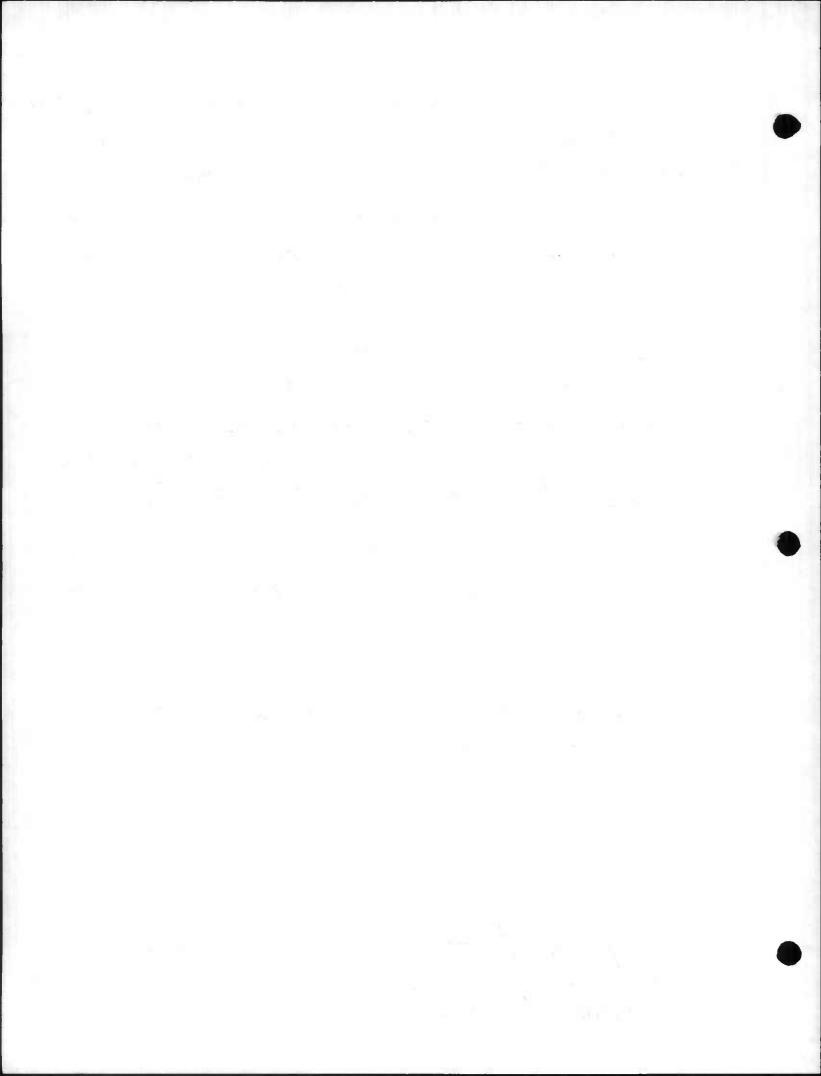
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	Physic /Medi			LLIAMS		* = 1							21, 1997		3. Time of Death 8:30 p.m
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	Funeral Director		5, Social Security Number UNRNOWN Usual Residence of Decedent	6. Sex 1 ☐ M 2 💢 F		e (In yrs. last i	Yrs.	It Under Months	Deys	if Under Hours	Min.	8. Dete of Bi (Month, D March	25, Year) 898	9. Birth Cou Neu	plece (State or Foreign intry) VORK
	72 hours after death with the Marylend naturel, or items 23s or 28s-f show of all Examinet must be notified at	ctor	10e. Stete 10b. Count Maryland Harf			10c. City, To									10d. Inside City Limits 1 ☐ Yes 2 💢 No
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Baltimore,	permit. Page Department of Important: If any injury or once.		21. Signature of Funerel Service		/	Kome				ss of Fecili Fune			Bel Ai el Air,		nc.
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Division	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	Certification:	3 Suicide 6 Could determ	mined 288. Pie	ce of Injui	ry - At home, (Specify)	farm, stre	et, tactory.	office			28t. Location (City or To	Street end Numb wn, Stete)	ber or Run	el Route Number,
	To the Hospital or within 24 hours effer to the Funeral Dirac completely filled in	edical	29a. Certifier (Check only one) 1 Certifyl 2 Medical	ng Physician: To the Examiner: On the end me	ne bast of basis of o	examinetion e	ge, deeth nd/or Inve	occurred e estigetion,	t the tim	e, dete en Inion, dee	d plece, th occur	end due to the red at the time,	ceuse(s) end ma dete end plece,	anner es s end due t	stated. o the cause(s)
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DHI	IH 16 Rev 6/9					- na	HOLDE.								



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 950PM **Physician** FRANK WILSON Month JUNE 21, 1997 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 629 UMBRA STREET BALTIMORE If Under 1 Year Months Days If Under 24 Hrs. Hours Min. 5. Sociel Security Number 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Yeer) Birthplece (State or Foreign Country) **Funeral** 10 M 2 □ F 221-05-2069 Yrs. Director MAY 7,1916 DE Usuel Residence of Decedent 10e Stete 10h County 10c. City, Town or Location 10d. Inside City Limits ral", or items 23a or 28a-f show Example: must be notified at Director 1 Yes 2 □ No CITY BALTIMORE CITY 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 629 UMBRA STREET 21224 UNITED STATES Funeral filed within 72 hours after death Wes Decedent of Hispenic Origin? (Specify Yes or No-it Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien Bleck, White, etc. 11. Maritel Status 1 Never Married 2 Married 21215-0020 1 ☐ Yes 2 No Specify: Specify: WHITE þ 3 Widowed 4 □ Divorced "natural", Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) the Medical 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) ith and Mental Hygiene. 27 is marked other than "r r treumetic event, me Moo Elementery/Secondary (0-12) College (1-4or 5+) MECHANIC BETHLEHEM STEET. 12 Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Pages 1 and 2 should be f nent of Health and Mental I int: If Itam 27 is marked of PETER J. WILSON SADIE 19e. informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) nt of Health a If Itam 27 is or other tra WILLIAM T. WILSON/SON 610 SEENA ROAD BALTIMORE, MARYLAND 21221 20b. Place of Disposition (Name of cemetery, crematory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1X Burial 2 ☐ Cremetion 3 ☐ Removel from State Department of Important: If any injury or OAK LAWN CEMETERY BALTIMORE, MARYLAND 4 ☐ Donetion 5 ☐ Other (Specify) JUNE 25 21. Signeture of Funerel Service License CHARLES S. ZEILER & SON, INC. FUNERAL HOME 6224 EASTERN AVENUE BALTIMORE, MD 21224 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth Physician /Medical Immediate Cause (Final Myo cardial injurction

Rule to (or es e consequence ot): diseese or condition resulting in death) Examiner Cozonors arters Dis Examiner the burial-transi Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest Box 68760. Physician/Medicai Due to (or es e consequence ot): P.O. I Pert it. Other significant conditions contributing to death but not resulting in the underlying ceuse given 23b. Did tobacco use contributs to the cause of death? Concestivo 1 Yes 2 No 3 Probably 4 Unknown Records. 24b. Were eutopsy tindings eveileble prior to completion of cause ot death? Completed 24a. Wes en autopsy performed? 25. Was case referred to medical examiner? 1 Yes 1 ☐ Yes 2 ☐ No of Vital Be 26. Piece of Death (Check only she) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Aesidence 6 Other (Specify) 1 Yes 2 No Certification: To 27. Menney of Death 28e. Date of Injury (Month, Day Year) 28b. Time of 28c. injury at Work? 28d. Describe how injury occurred Division Afte 5 Pending investigation or Attanding 1 Waturei s after death. 1 Yes 2 No 2 Accident filled in by the 6 Could not be 3 ☐ Sulcide 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, term, street, factory, office building, etc. (Specify) 4 | Homicide To the Hospital
within 24 hours a
To the Funeral C Hospital 1 Dertifying Physicien: To the best of my knowledge, death occurred et the time, date and piece, end due to the cause(s) and manner as steted.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medicai 29a. Certifier one) 29b. Signeture end Alle ot certifier 29c. License number 29d. Date signed (Month, Dey, Year) 30. Neme end eddless of person who completed cause of deeth (item 23e) (Type, Print) Beltimore med 21224 Eastson live tohOR BURTON 31. Dete filed (Month, Day, Yeer) State JUN 2 5 1997 Registrar



State of Maryland / Department of Health and Mental Hygiene O Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Jalter 121 97 ouna 6 /Medical 1 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Baltin If Under 24 Hrs. lei DIE 125 Deta of Birth (Month, Dey, Year) 6. Sex 5. Social Security Number 7. Age (In yrs. last birthday) If Undar 1 Yaar 9. Birthplace (State or Foreign Country) **Funeral** Months Hours Min. Deys 10 M 2□ F 239-22-14/6 Usuel Residence of Decedent Yrs. Director 7/24/25 filed within 72 hours efter death with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 le marked other than "naturel", or Items 23s or 28s-f show other traumatic event, the Medical Examinal must be notified at 1 XYas 2 □ No Director Ma. Daltimore 10e. Street end Number 10f. Zip Code 10g. Citizan of What Country? 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yas 2 MNo 25 Funeral Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, 11. Merital Status Bieck, White, etc. l ☐ Yas 2 If Yes, Give Yaer or Datas: 1 Navar Merried 2 Merried Baltimore, Maryland 21215-0020 1□ Yes 20 No Specify: Black by Specify: 3 ☐ Widowed 4 ☐ Divorcad Completed 16a. Decedent's Usuel Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 15. Dacedent's Education (Specify only highest greda completed) 16b. Kind of Business/Industry permit. Pages 1 end 2 should be filed within 72 Department of Health end Mental Hygiene. Important: If Item 27 is marked other than "na eny injury or other traumatic event, the Medigance. Elementary/Secondery (0-12) College (1-4or 5+) 12th Grade Awo General 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middia, Maiden Sumeme) Be Walter Mozell To 10ang H000 19a. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 20b. Piece of Disposition (Neme of cametery, crametory or other piece) Balt. young cuella md. 21224 20a. Method of Disposition Dete 20c. Location - City or Town, Stete 1 B Buriai 2 ☐ Cremetion 3 ☐ Removei from State 4 ☐ Donetion 5 ☐ Other (Specify) emeter 21. Signatura of Funerei Service Licensee 22. Neme end Addrass of Fecility Locks Home 1302-10 N. Tuneral 23a. Part1. Enter the classes, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory shock or heart failure. List only one cause on each line. Physician Immediete Causa (Final disease or condition resulting in deeth) /Medical Examiner Due to (or as a consequence of): Physician/Medical Examiner ettending physician and for use as the burial-transit or Attending Physicien: The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immadiate causa. Enter Underlying Ceuse (Disaase or injury that initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Dua to (or as a consequence of) detached Part II. Other significant conditions contributing to deeth but not resulting in the underlying causa givan in Part I. 23b. Did tobecco use contributs to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown by 24b. Wera autopsy findings available prior to completion of cause of death? Completed 24e. Wes an autopsy performed? peed: page 2 s 2 No 1 ☐ Yes 20 No certificate 1 🗆 Yes director, 25. Was case referred to medical examiner? Be 28. Placa of Deeth (Check only one) Hospitel: Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3□ DOA this within 24 hours effer deeth.

To the Funeral Director: After this completely filled in by the funeral 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28d. Dascribe how injury occurred 28c. Injury et Work? 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident investigation 6 Could not be determined 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 3 Suicide 28e. Pieca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide Prefitying Physician: To the best of my knowledge, deeth occurred at the time, date end plece, end due to the ceuse(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date end plece, end due to the ceuse(s) end mennar stated. 29a. Cartifier Medical (Check only one) 29b. Signature and titla of certifier 29c. License number 29d. Deta signed (Month, Day, Year) 2 USCAN 9 30. Name and address of person who completed cause of deeth (item 23e) (Type, Print) South Greene St. 21201 Baltimore Maryland

Registrar DHMH t6 Rev 6/95

State

31. Date filed (Month, Dey, Year)

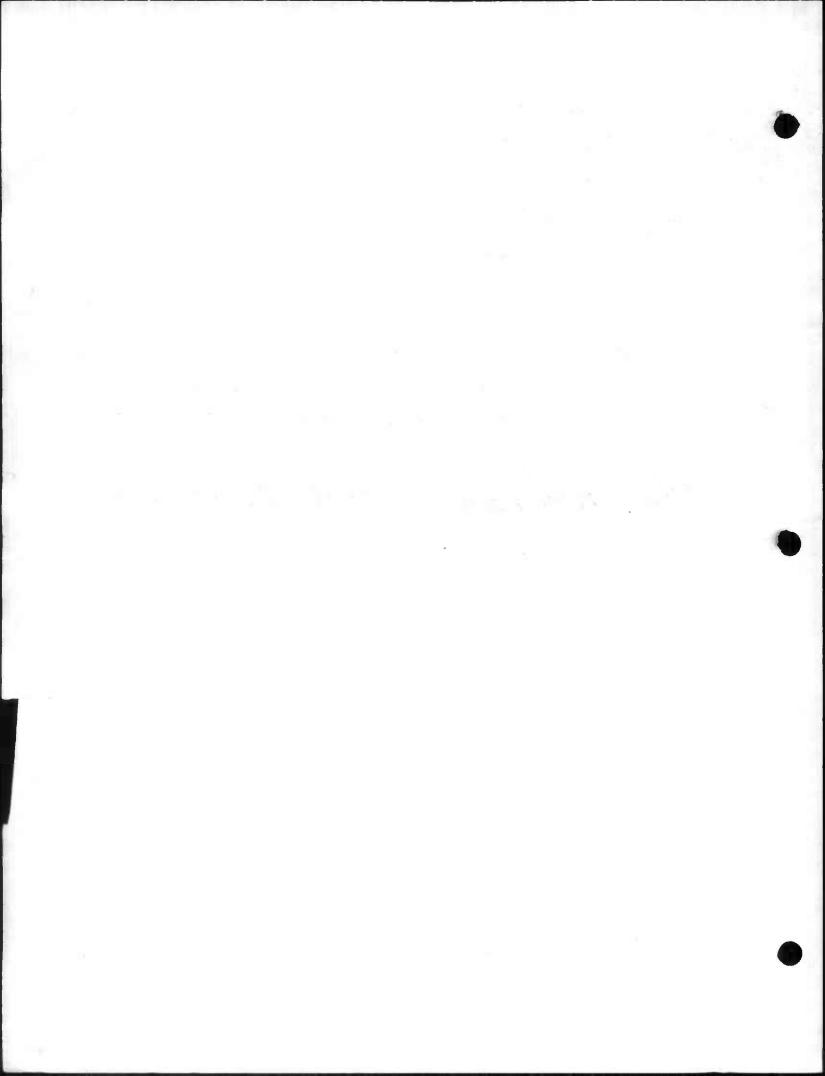
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32. Registrar's Signature

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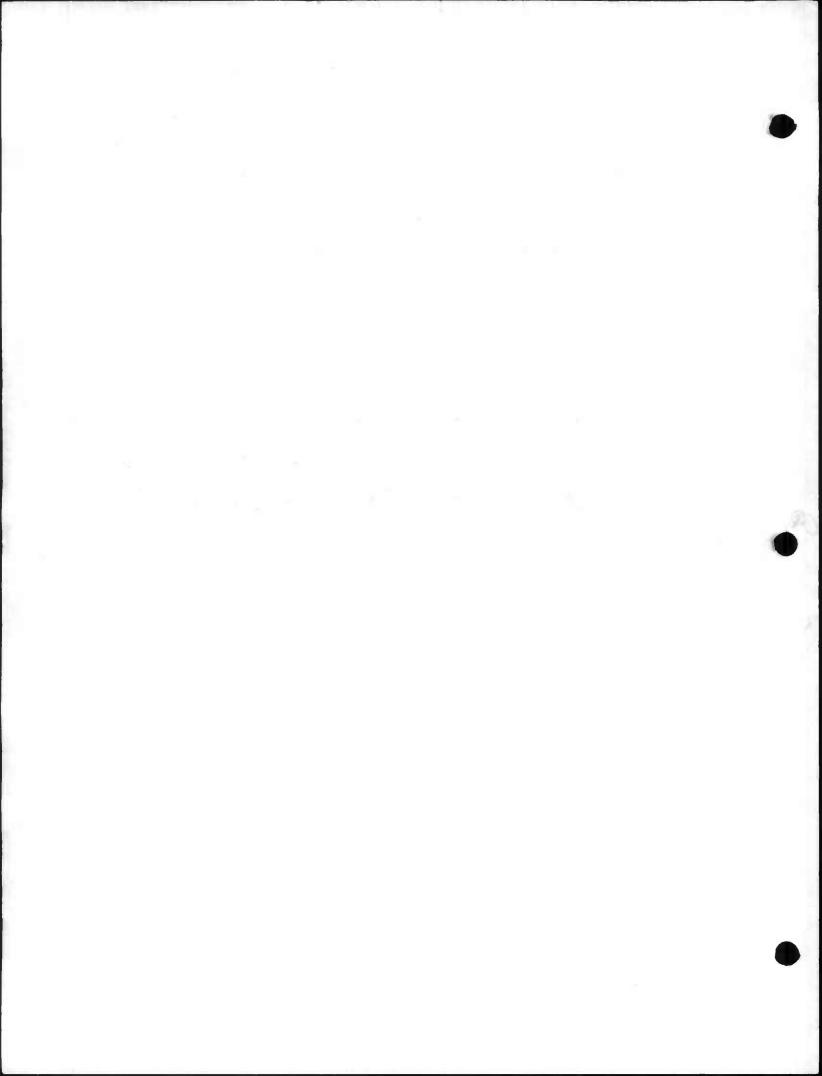
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	5515 00000 3	iva straet and numbe	r)			4b. City, Town, or L				10:301
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p. S	Social Security Number 6.	Sex 7. A	Age (In yrs. last	birthday)	If Under 1 Year Months Days		8. Date of Bir (Month, Da			(Stata or Foraig
	212-18-8150	1□ M 2♥ F	76 75	Yrs.	Monano odyo	1100.0	Sept.	22,192	1 Mar	yland
	Usual Rasidance of Decedent 10a. State 10b. County		10c. City, T	own or Loc	eation				10d. I	Inside City Limits
ō	Maryland Balt	imore	A	rbut	us				1000	1 ☐ Yes 2 ☑ No
Director	10e. Street and Number				10f. Zip Code			10g. Citizen of V	Vhat Country?	
		pring Ro	oad		21227	7	t	United	State	S
by Funeral	3 A Widowed 4 □ Divorced	12. Was Deceden Armed Forcas 1 ☐ Yes 2 2 if Yes, Give Year or Dates	No		/as Decedent of H Yas, specify Cuba ☐ Yes 2 No	dispanic Origin? (Sp an, Mexican, Puarto Specify:	pecify Yes or No Rican, etc.)	14. Rac Blac Specify	e - American II k, White, etc.	
ted	15. Decedent's E	Education	1	6a. Decedo	ent's Usual Occup	pation	le le m	16b. Kind of Bu		
Completed	(Specify only highast gi	College (1-4or	5+)	life. D	O NOT use retire	during most of world)	king			
Co	12			home	maker			own h		
Be	17. Father's Name (First, Middle, Las					18. Mother's Nam			0)	
T _o						Maude H				
	19a. Informent's Name/Raiationship Joseph F. Ambr					and Number or Ru. Avenue				,
	20a. Method of Disposition	000 011,	20b Place	of Dispos	ition /Name of	1	Date	20c. Location -		
	1X Burial 2 ☐ Cramation 3		P		atory or other place	morial				
4.7	4 Donation 5 Other (Special Signature of Funeral Service Idea		Mea	-	Name and Addre		0/24	Dorsey	, mary	land
	005	\sim	0	A	mbrose	Funera1	Home,	Inc.		utus
	250 Part1. Enter the disease, or con	nplications that cause	ed the death. D	o not ente	328 Sul	phur Sp	ring R	load	7.	227 proximate
	shook, or heart failure. List only	y one cause on each	line.		55		2.00		Inte	erval Between sat and Death
	Immediate Cause (Final disease or condition		no tenta	hir	olon co	(3-			14	mos.
	resulting in death)	a	Due to (or as		100000000000000000000000000000000000000	WVCO.				111000
Examiner	_	7.67								
хал	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying		Due to (or as	a consequ	ence of):					
	Cause (Disease or injury	c.								
edical	that intlated events resulting in death) Last		Due to (or as	a consequ	ence of):					
1 -		d							E E	
Physician/N	Part II. Other elemidiaent conditions	aanteibusina ta dansk		a la Ministra	4. 4. 4	and the Post of	T age put			
hys	Part II. Other significent conditions	contributing to death	but not resumn	g in the un-	deriying cause giv	en in Part i.		Yes 2 No		v 4 Unknow
by P							,,,	108 215410	3 Trobabi	y 4 Dilkilon
								an autopsy prmed?		utopsy findings la prior to
plet					V 18.		pend	anneur	comple of deat	tion of cause
Completed							10	Yes 2 No	1 □ Ye	s 212 No
Be	25. Was case referred to medical					26. Place of Dear	th (Check only o	one)		
To	examinar? 1 Yes 2 No	Hospital:	tient 2 ER/	Outpatient	3□ DOA Oth	er: 4 Nursing He	oma 5 PRasi	dence 6 Oth	ar (Specify)	
	27. Manner of Death 1 ☑Natural 5 ☐ Pending	28a. Date of Inj (Month, D	jury 281 ay Year)	b. Time of Injury	28c. Injur Wor	y at k?	28d. Describe	how Injury occurr	ed	
Certification:	2 ☐ Accident investigation	on				Yes 2□No				
E	3 Suicida 6 Could not I determined	28a. Place of Ir	niury - At home, etc. (Spacify)	, farm, stre	et, factory, office		28f. Location (: City or Tox	Straat and Numb vn, State)	er or Rural Ro	ute Number,
edical Ce	29a. Certifier 1 Certifying Pi (Check only one) 2 Medical Exa	hysicien: To the best miner: On the basis of and manner s	of examination	ige, death and/or inve	occurred at the tirestigation, in my o	me, date and place, pinion, death occur	end due to the red at the time,	cause(s) and ma date and place, o	nner as stated	i. cause(s)
Z e	29b. Signature and title of certifier	and mainlet 5	constitut.		29c. Licens	e number	T	29d. Data signed	d (Month, Dav.	Year)
	M. 04.	MD			1	250		June 2		-
	1/1/2		death (Item 23		P 10	1000		-	-, , ,	



State of Maryland / Department of Health and Mental Hygiene 97

			N. C. C. C. C. C. C. C. C. C. C. C. C. C.			Cei	Tifficate (OI I	Death			Reg. No.		
П	Physic	ian	1. Decedent's Neme (First, Middle		N		DOT:		44	- 43	2. Dete of De Month	-	1997	3. Time of Deeth
b	/Medi Exami	cal	4e. Fecility Neme (If not Institution)	give street and n	umber)				_		ocation of Deet	h 4c. Count	y of Death	11:32 A
L	100	Н	Saint Joseph				If Under 1 Y	'oor	If Under 2	W 5 0				imore
	Funeral Director	1	5. Social Security Number 134–12–5353 Usuel Residence of Decedent	6. Sex 1 □ M X TF	7. Age (In yrs. lest bi	Yrs.		eys	Hours	Min.	8. Date of Bi Month, Di 9/6/10	y, Year)		niece (Stete or Foreig htry) V YORK
	yland		10a. State 10b. County		10c. City, Tov	vn or Lo	cation						1	0d. Inside City Limits
	e Mar	ctor	MARYLAND BALT	IMORE		TOWS	SON							1 ☐ Yes 2X No
	23a or 22	al Director	10e. Street end Number	OAD AP	T. 410		10f. Zip Co		286			10g. Citizen of	Whet Coun	try?
020	d within 72 hours after death with the Maryland jiene. Then "naturel", or flems 23e or 28e-f show the Maricel Examiner must be no tifled at	by Funeral	11. Maritei Status 1 Never Merried 2 Marrie 3 Maritei House House	Armed F	2 X No ive		Wes Decedent Yes, specify □ Yes 250		llspenic Orig an, Mexicen, Specify:	In? (Spi Puerto	ecify Yes or No Ricen, etc.)	14. Ra Ble Specii	ce - Americ ck, White, by: WH]	etc.
21215-0020	within ane. then	Completed	15. Decedent' (Specify only highest Elementery/Secondary (0-12)	grede completed,) (1-4or 5+)	(Give .	lent's Usuel Ockind of work do NOT use re	one d etired	ation during most	of work	ing	16b. Kind of B	lusiness/Ind	
Maryland 2	be filed tal Hyg od othe event,	To Be C	17. Fether's Neme (First, Middle, L FRED C. HALSEY				.O				e (First, Middle	, Meiden Sume		
lany	and and	-	19e. informant's Neme/Relationsh	ip (Type, Print)	191	b. Mailin	g Address (St	reet	end Number	or Rura	al Route Numb	er, City or Town		
			JUDITH A. BOUTI 20e. Method of Disposition	N			E JOP		ROAD	TO	WSON, I		00	T. 407
nor	agas int of h		1 ☑ Buriel 2 ☐ Cremetion		Stete camete	ery, crem	netory or other	plec		1	Dete	20c. Location	- City or To	wn, Stete
Baltimore,	permit. Pagas 1 ar Department of Haa Important: If Itam 2 any Injury or other once.		4 ☐ Donetion 5 ☐ Other (Sp. 21. Signeture of Funerei Service L		ST. J	1	PH CEM. Name end A			NO	6/26/9	7 FULLE	ERTON	, MD
m	Depa Impo		Christing	I Ken	mul	JC	HNSON	FU	NERAL	HOM	E 852	LOCH F	RAVEN	BLVD.
	Physician		23a. Pert1. Enter the diseese, or of shock, or heert feilure. List of	complications that only one cause on	caused the deeth. Do eech line.	not ente	WSON, or the mode of	MD	2128 g, such as c	36 ardiac d	or respiretory e	rrest,	1	Approximete Intervel Between Onset end Deeth
	/Medical Examiner		immediate Ceuse (Finel disease or condition resulting in death)	RESP a	PIRATORY									HOURS
_	D #	Iner		NON	CARD I OGE			101	IARY I	EDE	MA			DAYS
,0	e execute ian and uriat-trans	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury	b	Due to (or es e	conseq	uenca of):							
68760,	certificeta be executed nding physician and usa as tha burial-transit	n/Medical	thet initieted events resulting in deeth) Lest	c	Due to (or as a	consequ	uence of):	-	•					
Box		lan		d										
o.	that tha daath ed by tha atta datached for	Physicia	Pert il. Other elgnificant condition	s contributing to d	leeth but not resulting i	In the ur	derlying cause	e giv	en in Pert i.			1/		the cause of death
0	that ed b data	by Pt	VAVULAR HEART	DISEAS	E						10	Yee 2 No	3 □ Prot	oably 4 Unknow
Records,	R	preted t	CHRONIC OBSTR	UCTIVE	PULMONAR	Y D	ISEASI	E			24e. Wes	en eutopsy ormed?	eve	ere eutopsy findings elieble prior to mpletion of cause death?
R	The Part of	Com									1 🗆	Yes 2 No	1 [Yes 2 No
Viital	Physician: T this cartifical ral director, p	Be	25. Wes case reterred to medical exeminer?	Hospitel:				Out		of Deeth	(Check only	one)		
o	this ai di	: To	1 ☐ Yes 2 ☐ No 27. Menner of Deeth	28e. Dete	Inpatient 2 ER/O	utpetient	ADD DOW	Oth	4 LI NUR			denca 8 □Oti		1)
ion	Attanding r death. ector: Aftai by tha fune	ation	1 Neturei 5 Pending 2 Accident Investige	(Mor		injury	28c. i		k?` Yes 2□N		200. 2000.120	now injury cood		
Division	after des Directo	Certification:	3 ☐ Suicide 6 ☐ Could no determin	led 286. Piece	e of Injury - At home, fe ling, etc. (Specify)	erm, stre	et, factory, off	fica		1	28f. Location (City or To		ber or Rura	l Route Number,
	To the Hospital or Attanding I within 24 hours after death. To the Funeral Director: After completely filled in by the funer	edical C	29a. Certifier (Check only one) CertifyIng 2 Medical E	xaminer: On the b	e best of my knowledge pasis of examinetion en oner steted.	e, deeth	occurred et th	ne tim	ne, dete end plnion, deeth	plece, e	end due to the ed et the time,	ceuse(s) end m date snd place,	enner es st and due to	eted. the ceuse(s)
	To the within To the	Me	29b. Signeture end title of cartifier	, 1	0	W			e number			29d. Date signe	ed (Month,	Dey, Yeer)
			Kichard	11.	n'thicun		- D 3	18	326			6-5	2-9	7
	5		30. Neme end eddress of person w	ho completed cau			Print)	-	מסח.	TOU	CUN P	ADDVI OR	מות	2014

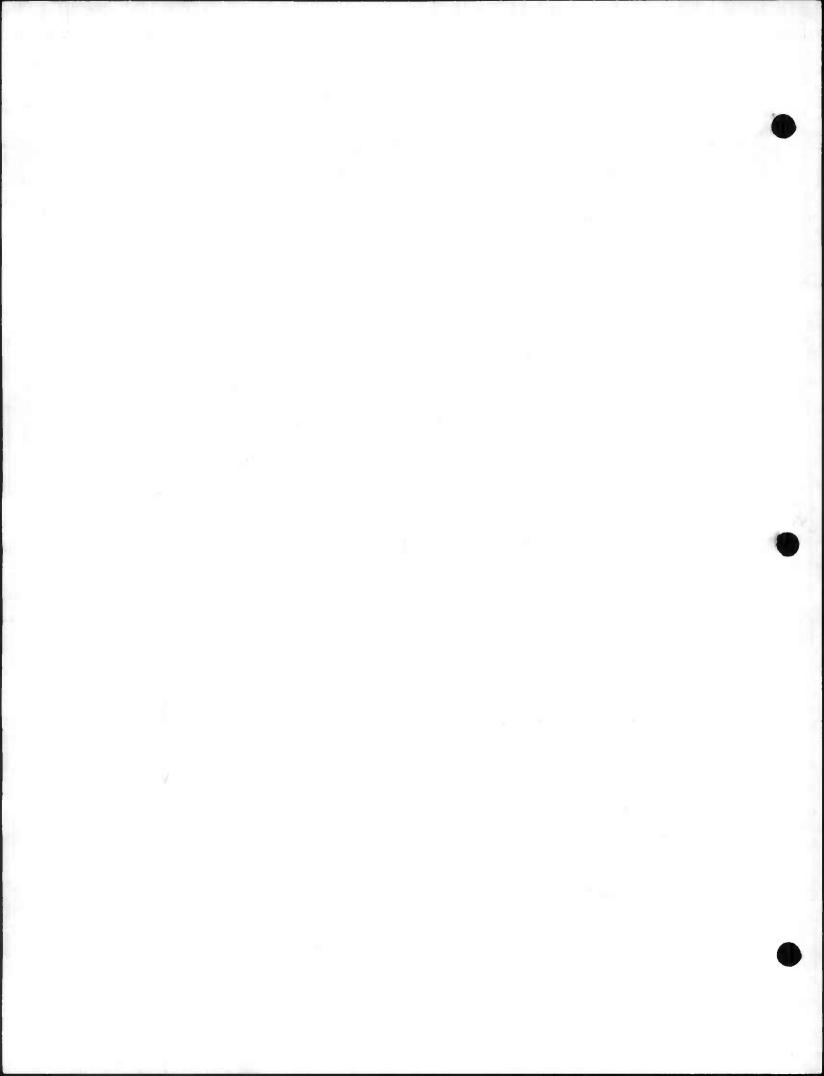
DHMH 16 Rev 6/95

State

Registrar

31. Dete filed (Month, Day, Year)

JUN 26 1997



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Dete of Deeth 1. Decedent's Neme (First, Middle, Last) 3. Time of Death Month sune 4b City, Town, or Location of Deeth 4c. County of Deeth ALG If Under 24 Hrs. If Under 1 Year 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) Months Deys 68 Hours 1 M 2 F 220.20.2871 Vrs Nov. 23, 1928 Usuel Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No MD NA Baltinole 10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 21201 AZU arles 5. Was Decedent Ever in U,S. Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 11. Maritel Status 1 Never Married 2 Married 1□ Yes 2 No Specify. Black It Yes, Give Year or Dates: 3 ₩idowed 4 Divorced 16e. Decadent's Usuel Occupation (Give kind of work done during most of working life. DQ NOT use retired) A second control of the control o 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 24ts. 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malgen Sumame) C deab 19a. Informent's Name/Reletionship (Type, Print) Core 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Mildred Gilmore-Hovider 3020 Hanlon Ave baltimore 20b. Place of Disposition (Name of 20c. Location - City or Town, State 20e. Method of Disposition cemetery, crematory or other place 1 Buriei 2 □ Cremetion 3 □ Removal from State 6.28.97 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerel Service Licensee 22. Name and Address of Fecility FUN-RIA Jarch Aug Md 4300 Wabash 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest shock, or heart failure. List only one cause on each line. Immediate Ceuse (Finel diseese or condition resulting In death) Due to (or as e consequenca of) Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in deeth) Lest Due to (or es e consequenca of): Due to (or es e consequenca of) Part II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings available prior to completion of cause of deeth? 24a. Wes en eutopsy performed? 1 ☐ Yes 2 ☐ No 1 Yes 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 1 Inpatient 2 ER/Outpatient 3 DOA 5 ☐ Residence 6 ☐ Other (Specify) Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending investigation 1 🗌 Yes 2 No

Physician/Medical Examiner Division of Vital Records, P.O. Box use 9 Completed peen certificate hes Be 70 Hospital or Attending Phys 24 hours effer death.
 Funeral Director: Affer this or funeral Certification: the

within 2 To the

Physician

/Medical

Examiner

Director

Funerai

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Completed

Be

Funeral

Director

item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be notlined at

permit. Pages 1 end 2 should be filed within 72 hours efter Department of Heelth end Mental Hygione. Important: If item 27 is marked other than "natural", or ite any injury or other treumstic event, the Medical Exempted.

Physician

/Medical Examiner

Baltimore, Maryland 21215-0020

the Maryland

25. Wes case referred to medical exeminer? Yes 2□ No 27. Menner of Deeth 1 Naturel 6 Could not be determined Location (Street and Number or Rural Route Number, City or Town, State) 3 ☐ Suicide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the bests of exeminetion end/or investigetion, in my opinion, deeth occurred et the time, dete end plece, end due to the cause(s) end manner steted. 29a. Certifier (Check only one)

29c. License number

State

Registrar

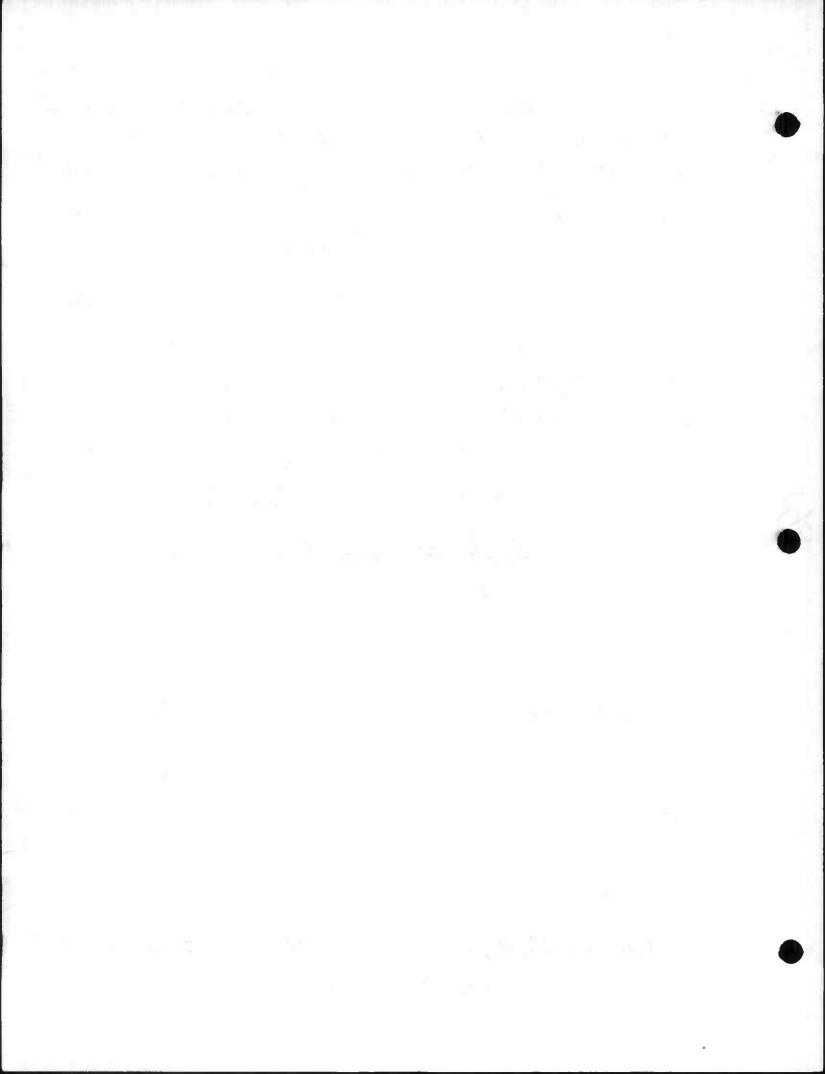
Medicai

30. Name and address of person who completed

31. Dete filed (Month, Day, Year) JUN 26 1997

29b. Signeture end title of certifier

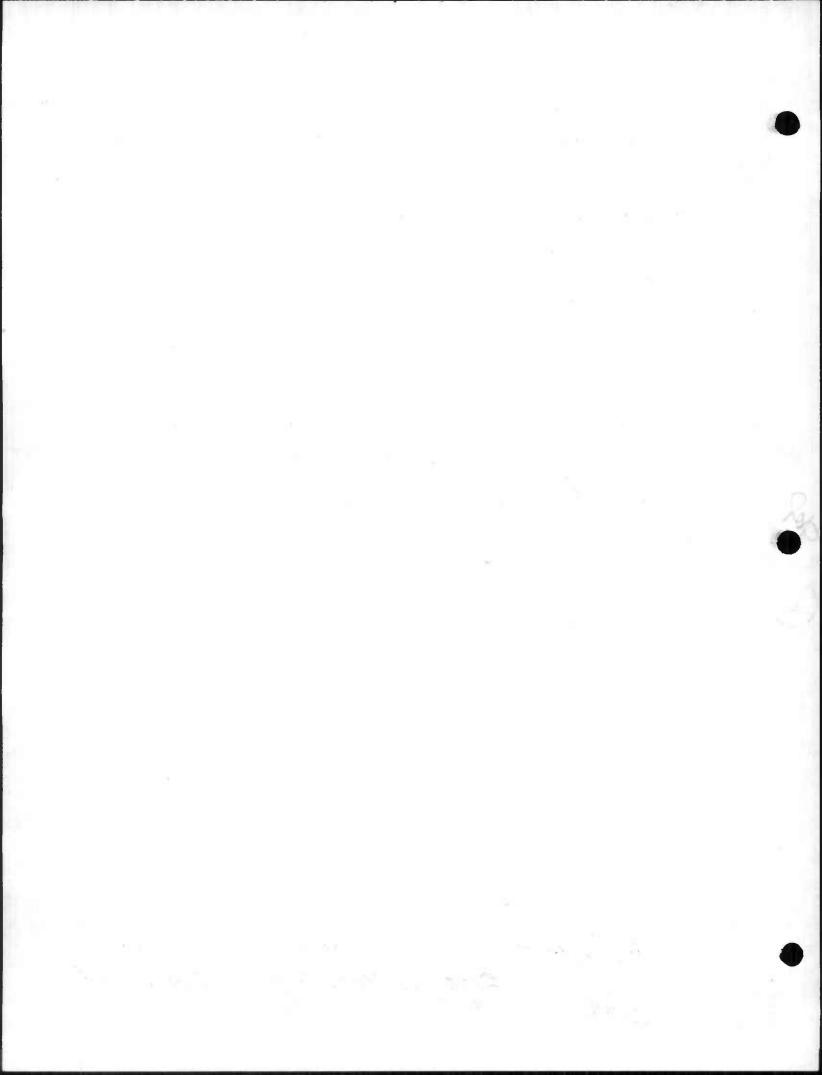
(Item 23a) (Type, Print)



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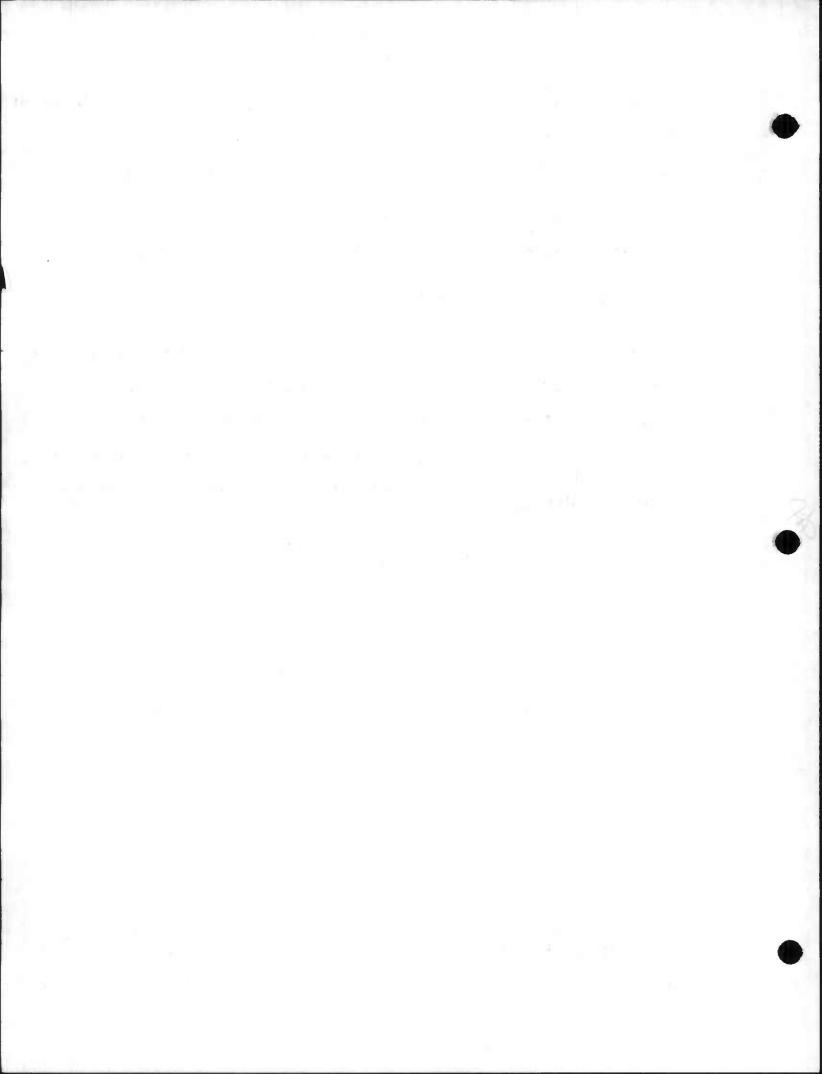
				State of M	/laryla				lealth a Death	nd M		giene Reg. No.	97	19411
	Physic /Medi	cal	f. Dacadant's Name (First, Middle, La 1DA BLOW 4a. Fecility Nema (If not institution, give	Ń	el.				Ab City Tou	un orlo	2. Data of Dec Month JUNE	Day 24	Yaer 1997	3. Tima of Deeth
) —	Examii Funeral	ner	ST. A9 NES HOS 5. Social Security Number 6. S	PITAL Sex 17.1	ge (In yrs	. last birthday)	If Undar	r 1 Year	BALTIM If Undar 2	ORE 4 Hrs.	8. Date of Birt	BA	-	DRE CITY laca (State or Foreign itry)
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	or 28a-f sh	Oirector	MA NA 10e. Straat and Number	0		Balt	10f. Zip	Code				10g. Citizen o	of What Coun	1 Tes 2 No
20	natural, or items 23a or 28a-f show	by Funeral Director	4911 W. Hill 11. Marital Status 1 Navar Married 2□ Marriad	12. Was Dacedan Armed Forcas 1 Yes 2 If If Yas, Give	? 2N6		Was Decedif Yas, special	dent of H	lispanic Orig an, Maxican, Specify:	in? (Spe Puerto	cify Yas or No- Rican, atc.)	U S (aca - Americ leck, Whita,	
21215-0020	jena. rthan "natural", be Medical Exc	Completed b	3 ☐ Widowad 4 ☐ Divorced 15. Decadant's E. (Specify only highest gra Elementary/Secondary (0-12)	da com <i>plated)</i> College (1-4o		/ife. i	kind of wo DO NOT u	rk dona sa ratire	during most	of worki	ng	16b. Kind of	Businass/Inc	dustry
Maryland 2	Mental Hyg arked other stic event,	To Be Co	(dnan		000	Cit	P (0	18. Mother	1	(First, Middle,	Maiden Surni	ama)	
ore,	of Health a item 27 is other trai		19a. Informant's Name/Ralationship (Willie Mae Raco 20e. Mathod of Disposition	in-Sist	20b. I		W. H	na of	Road		I Routa Numbe	20c. Location	212 n - City or To	.29 wn, Stete
Baltimore	Department of I Important: If its any injury or o		1 Buriai 2 Cremation 3 4 Donation 5 Othar (Spacification 5 Othar (Spacification) 1	y)	B	ng He	MOR Nama en	id Addra	ss of Facility	-1 t	None-u	teal		bH, ac
8760,	hysician /Medical xaminer	Medical Examiner	23a. Part1. Entar tha disaasa, or com shock, or haart failura. List only Immadieta Causa (Final disaasa or condition resulting in daath) Sequentially list conditions, if any, leading to Immadiate causa. Entar Underlying Cause (Disaasa or Injury that initiated avants rasulting in daath) Last	θ	Dua to (i	th. Do not ent MO N or es a consec	ar tha mod	le of dyin						Approximeta Intarval Between Onset and Daath
her the death could	ed by the detache	y Physician/M	Part II. Other significant conditions o	d	but not ras	sulting in the u	ndarlyling c	ausa giv	an In Part i.			obacco use d		the cause of death?
Hecords,	ate has been sign page 2 should be	Completed by										med?	cor of o	ere autopsy findings allable prior to implation of cause death?
IBI		Be Co	25. Wes casa rafarrad to medical						26. Placa o	of Daath	(Chack only o	es 252No	1 1 L	Yas 212 No
VISION OF VITAI	ft. After this funeral di	2	examiner? 1 Yas 2 No 27. Mannar of Death 1 Natural 5 Panding 2 Accidant invastigation	Hospital: 1 🗷 Inpat 28a. Data of Inj (Month, D		ER/Outpatien 28b. Tima of Injury	-	8c. Injun Wor	er: 4 🗆 Nurs	sing Hon	na 5□ Rasid 8d. Describe h	anca 6 □O)
5 6	표등 요	Certification:	3 Suicida 6 Could not be dataminad	building, a	tc. (Specif	ý) 					City or Tow	n, Stata)		l Route Number,
the Hospital	24 ho Fune letely 5	edical	29e. Certifiar (Check only one) 1 ☑ Certifying Ph 2 ☐ Medical Exam	ysician: To the best sinar: On the basis of and mannar s	of examina	wiedge, deeth ition and/or inv	occurrad a astigation,	at tha tin In my o	na, date and pinlon, daath	pleca, e occurre	nd dua to tha d d at the time, d	ausa(s) and r late end place	menner es st a, and dua to	ated. tha causa(s)
Toth		Me	29b. Signature and title of certifiar	Jaug, M			290		e number	/		39d. Date sign		
	Sta Registr		30. Name end eddrass of person who DIGLISIC (GOR) 31. Data filed (Month, Day, Year) JUN 26 1997	DANA 32 Regist	51.	ASNES	-	AL	,900 0	CA90	N. W.	BACTIN	nole	, MD 2/22

				Cel	tificate	e or L	Jeain			Reg. No.			
. m	1. Decedent's Nama (First, Middle,							2. Date of Death 3. Time 1					
n al	Lawrence C. Bows								June 2	5, Day 9	997 Yaar	9:20 pm	
er	4a. Facility Neme (If not institution, Ivy Hall Geriat:		4b. City, Town, or Lo Middle Riv				ver Baltimore						
	159-12-7534	5. Sex 1 M 2 □ F	7. Age (In yrs. 79	last birthday) Yrs.	it Under Months	1 Year Days	if Under a	24 Hrs. Min.	8. Date of Bir (Month, Da Nov. 6,	th ly, <i>Year</i>) 1917			eign
1	10a. Stete 10b. County		10c, Cit	y, Town or Lo	cation							10d. inside City Lin	nits
ō	Maryland Baltin	ore		Rose	dale								
ired	10e. Street and Number				10f. Zip	Code			10g. Citizen of What Country?				
<u>a</u>	7401 Gumspring 1	Rd.			212	1237 U.S.A.							
2	11. Marital Status 1 Never Marriad 2 Marrie 3 Widowed 4 Divorced	Armed For	12. Was Decedent Ever in U,S. Armed Forcas? 1 X Yes 2 □ No It Yes, Give WW II			13. Was Dacedent of Hispanic Origin? (Spif Yes, specify Cuban, Mexicen, Puerto 1 ☐ Yes 2 ▼No Specify:				Plican, atc.) Black, White,			
) ted				16a. Deced	ent's Usua	l Occupe	tion	of work	ina	16b. Kind	ot Business/li	ndustry	-
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ပိ		et)		Opera	ing i			de Name	a (Final Middle			311	
To Be	Hyriam B. Bowse	r]	Berni	ce I	K. Kell	ey			
												ip Code)	
-			20b. F	lace of Dispo	sition /Nam	e of		Da.		•		Town State	
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	23a. Falt1. Enter the disassa, or control of the ck, or heert feilure. List or Immediate Cause (Final disease or condition resulting in death)	emplications that cally one cause on ea	RE	NAL	F			cardiac (or respiratory a	rrast,	1	Approximate interval Between Onset and Death	
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Xam	Sequentially list conditions,	D	Due to (or as a consequence ot):										
<u> </u>	Cause (Disease or Injury												
6	resulting in deeth) Last	■ d	Due to (or	as a consaqu	iance of);								
SICIO	Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I								23b. Did tobacco use contribute to the cause of death?				
	Diaberes										./		
							a	vailabla prior to ompletion of cause	js				
									10,	res 2001	lo 1	☐ Yes 2☐ No	
	25. Was cese referred to medicel examiner?	25. Was cese referred to medical 26. Place of								ne)			
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State of Maryland / Department of Health and Mental Hygiene

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100	7	526 Yellow Lily Court 21158									Unite	d Sta	ates	
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permit. Pages 1 end 2 Department of Health a Important: If Item 27 is eny injury or other tre once.	+	23a. Peri 1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line.										21227		
	1	shock, or heart failure. List	nly one ceuse	on each line	e.	not ente	31 1130 111000 01	dynig	30011 03 001	IGIAC OF TE	sspiratory a	11031,		Approximate Intervel Between Onset and Death
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a ca	5								_				1	
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To the Hospital or Attending Physician: within 24 hours aftar death. To the Funeral Director: After this certific completaly filled in by the funeral director. Medical Certification: To Be (27. Manner of Death 28a. Dafe of Injury (Month, Day Year) 28b. Time of Injury at Work? 28d. Describe how Inju 28d. Describe how Inju 28d. Describe how Inju 28d. Describe how Inju 28d. Describe how Inju									,., 50	ny occurred		
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gistrar		JUN 26 1997	gunas	all don	- Handell									
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State of Maryland / Dep

artment of Health and Menta	Hygiene	9/	194	
rtificate of Death	Reg. No.	_		

Physici /Medic Examin	al
Funeral Director	

with the Maryland 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examiner must be notified at 1 and 2 should be filed within 72 hours after death. Health and Mental Hygiene. am 27 is marked other than "natural", or Itama 23 permit. Pages 1 and 2:
Department of Health ar
Important: If Item 27 is
any injury or other trau

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

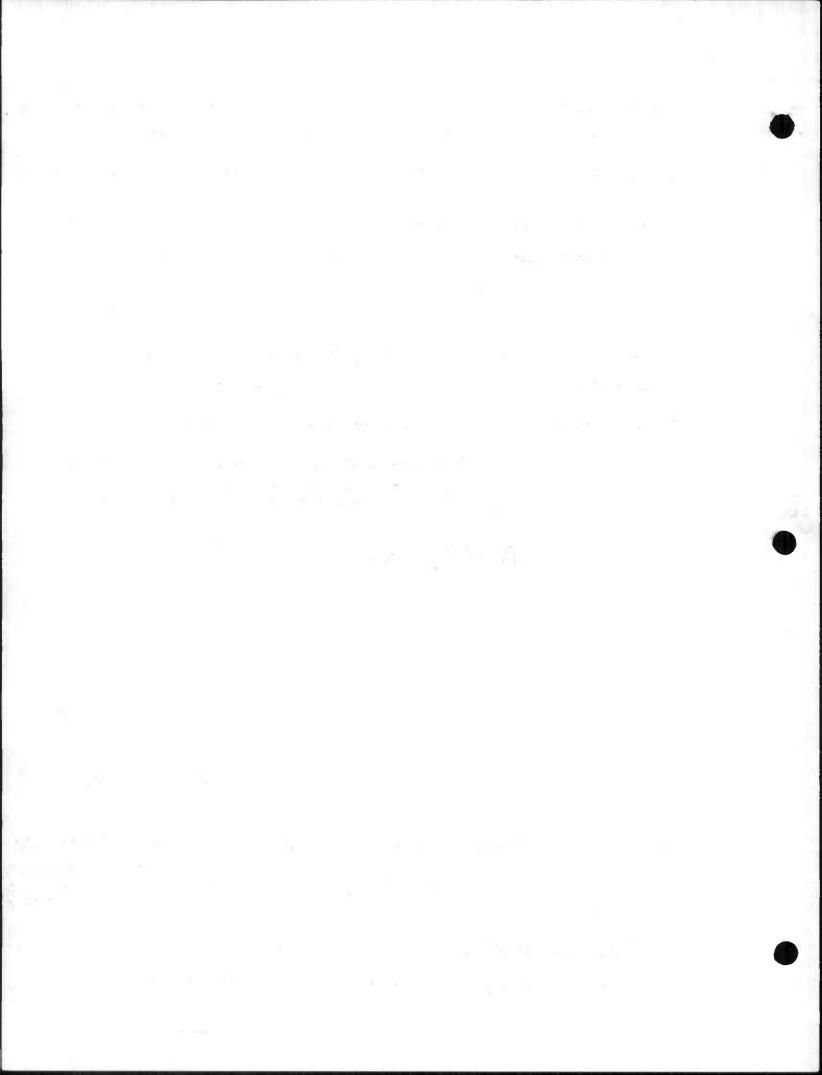
physician the 98 9SN for P.O. Division of Vital

this after death. Director: Aft ò Hospital 24 hours a 24 hours within 2 To the F

1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day Month Vear Chad Andrew B111m JUNE 0007 AM 19, 1997 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death ANNE ARUNDEL MEDICAL CENTER ANNAPOLIS ANNE ARUNDEL If Under 1 Year if Under 24 Hrs.
Months Days Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) 1**∑**M 2□ F 29 Yrs. 217-96-2657 12-08-1967 Washington, DC Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits XX Yes 2 □ No Directo Maryland Prince George Laurel 10e. Street end Number 10f. Zip Code 10g, Citizen of What Country? 14502 Mayfair Drive 20707 Funeral USA 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Rican, atc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 Never Merried 2 Married 1 Yes 2 No Specity: Specify: by 3 ☐ Widowed 4 ☐ Divorced White 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 12 Landscape Architect Landscaping 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be E. James Blum Gene E. Sylvester 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Gene E. Mowrey/Mother 13502 Briarwood Drive Laurel, MD 20708 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State Baltimore Washington Crem. 6-22 | Laurel, Maryland 22. Name and Address of Facility
Fleck Funeral Home, Inc. 21. Signalure of Funeral Service Licensee 7601 Sandy Spring Rd. Laurel, MD eme 20707 23a. Part1. Entire the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or hear failure. List only one cause on each line. Approximate Interval Between Onset and Deeth Immediate Citise (Final disease or condition resulting in deeth) Due tour es e consequence of): Examiner Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Diseese or injury that Initieted events resulting in death) Last Due to (or as a consequence of): Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed funeral director, 25. Was cese referred to medical 26. Plece of Deeth (Check only one) examiner 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ R/Outpatient 3 ☐ DOA 28d. Describe how Injury occurred 27. Manner of Deeth 28e. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? Certification: 1 Natural 5 Pending de 1 Yes 2 No Investigation 649197 2 Accident 6007 HX 3 Suicide 6 ☐ Could not be 28f. Location (Street and Number or Rural Route Number City or Town, State) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Rut In Anne truste Vocallera 1 Certifying Phyeician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

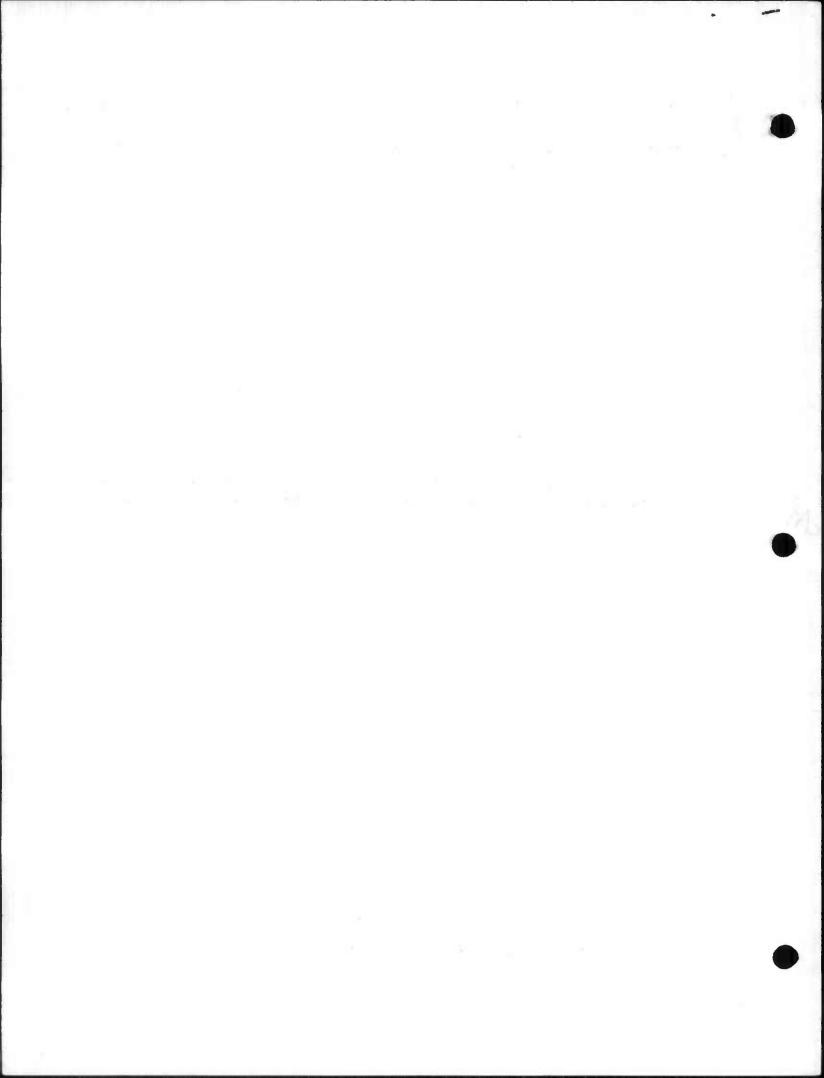
**Timedical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) 29e. Certifier Medical completely (Check only one) 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 29c. License number O.C.M.E JUNE 20, 1997 Rodo ~w) 30. Name and address of person who completed cause of double (Item 23e) (Type, Print) address of person with the grant of the control of 111 Penn Street, Baltimore, Maryland 21201 31. Dete fited (Month, Day, Year) State

Registrar



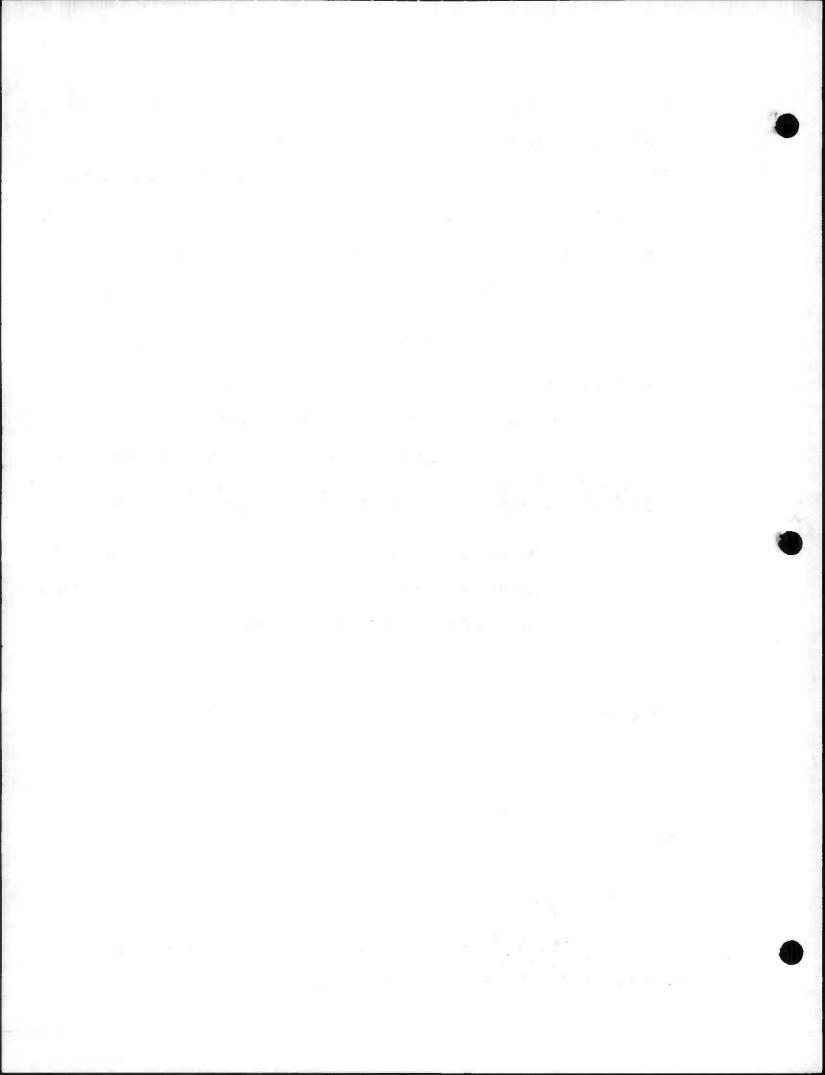
State of Maryland / Department of Health and Mental Hygiene 9 7

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			23a Part Enter the disease, or shock, or heart failure. List	only one cause on ea	used the death ch line.	. Do not anti	ar tha moda of	r dying	, such as	cardiac	or respiratory a	rrest,	1	Approx	l Between and Death
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7	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	a. Elec	tromec	Louical	1 823	500	via tio	2				th.	~
п		L.	resulting at death)			as a conseq								,	
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8	cian	H	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	1 / Sila	ted	Caro	Viona	OV	ath	U				16	Rece
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_	pre	Ö	200 Cartilles 4 County I												
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			1 Des	rean,	170		U	16	120	2		June	20,1	77	/ .
	10		30. Name and address of person	who completed cause	of death (item	23a) (Type, I	Print)	_							
	10		F Deleon, 59	99 Horpe		cm 1	now	S	rite	20	0 8 , 6	Columb	ia, M	0	21044
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State of Maryland / Department of Health and Mental Hygiene 97

							Certifica	ate of	Death			Reg. No.			
	Direct 1		1. Decedent's Name (First, Middle, i	Last)							2. Date of Dee	eth	Vee	3. Time o	of Death
	Physici /Medi		Nancy	Marga	aret		D.	AVIS			June	24, 19	97	10:00	P. 1
	Examir		4e. Fecility Name (If not institution, g Franklin Square			er			4b. City, To Rose		ocation of Deeth		y of Deeth	re	
	Funeral Director		5. Social Security Number 215–03–6078	Sex 1□M 2∏F	7. Age (In yr:		rs. If Un Month	der 1 Year hs Deys	If Under Hours	24 Hrs. Min.	8. Date of Birt (Month, Da)	, Year)	Cou		or Foreign
	Maryland f show	or	Usual Residence of Decedent 10a. State 10b. County Maryland Baltimo:	re		ity, Town	or Location				That y	1, 1, 1, 2, 1,		10d. Inside C	City Limits
	vith the A r or 28a-	Director	10e. Street and Number			Jour		Zip Code				10g. Citizen of			
	s 23	rai	1628 Gail Rd. "A			1.0		1221				U.S.A.			
020	thin 72 hours after death with the Maryland an "natural", or items 23s or 28s-1 show Medical Examiner must be notified at	by Funeral	Never Married 2☐ Married Widowed 4 ∑Divorced	Armed F	2X No	0,5.		pecify Cub			ecify Yes or No- Rican, etc.)	Speci	ice - Ameri ack, White, fy: Wh:	etc.	
ה ה	72 h	ted	15. Decedent's (Specify only highast of	Education		16a. (Decedent's U	sual Occup	pation	at of work	ina	16b. Kind of I	Business/In	dustry	
171	d within plane. r than "	Completed	Elementary/Secondary (0-12)		(1-4or 5+)		Give kind of lifa. DO NO ISEWI f		d)	n or work		Own Hon	ne		
alla	of a b	To Be C	17. Father's Name (First, Middla, La Ernest Oss Picke:	,							e (First, Middla, DePew	Maidan Suma	ma)		
10	de de	-	19a. Informant's Name/Relationship Carol Seager (Da								al Route Number			o Code)	
pailinore,	parmit. Pagas 1 and 2 Department of Haalth a Important: If Itam 27 Is any Injury or other tra 90.00.		20a. Method of Disposition 1 Burlal 2 □ Cremetion 3 4 □ Donation 5 □ Other (Special Control of	☐Removal from	01-1-	Place of I	Disposition (I	Nama of or other ple	ce)		Date /27/1997	20c. Location	- City or To		
Dail	Department Important any Injure and Injure a		21. Signature of Funeral Service Lic		7		22. Name	and Addre	ess of Fecili	ty	Home P				
			23a Plint! Enter the disease, or co nock, or heart failure. List on	mplications that of	caused the dea	ith. Do no							1. 21	Intervel Bet	tween
	Physician /Medical Examiner		Immediate Cause (Final disease or condition	. Myoca	ardial	Infa	rction							Onset and 30 Min	
	LAAIIIIIIGI	_	resulting In death)	0			onsequence (
_	4 9	nine		b. Tens:	ion Pne	umot	horax							35 Min	utes
1	A Line	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying				onsequenca o								
3	8/12		Cause (Disease or Injury that Initieted events	c. Chron	nic Obs			-	ary D	isea	ise		1		
4000	nding ph use as the	n/Medical	resulting in death) Last	d	Due to (or as a co	nsequence o	of):							
3	들 물호	Icia	Pert II. Other eignificant conditions	contributing to d	leath but not re	eulting in	the underlyin		on in Ded i		22h Dide	obacco use c	amenthuse e	a the sauce	of donth
	that the	/ Physician	Lung Cancer	contributing to a	eath out not re	suiting in	the underlyin	g cause gr	ven in Part		1)20			bably 4	
necolds,	law requiras l as been sign a 2 should be	Completed by									24e. Wes	an autopsy med?	av	fere autopsy vailable prior to mpletion of death?	to
	9 - 0	E O									10Y	es 2 No	11	□Yes 2□] No
		Be	25. Was case referred to medical examiner?						26. Place	of Deat	h (Check only o	ne)			
5	Phys ral di	2	1 Yes 2 No 27. Menner of Death 1 Natural 5 Pending	28a. Date		28b. Ti		DOA Ott			me 5 Resid			fy)	
-	or Attendiffar daat	Certification:	2 Accident Investigat 3 Suicide 6 Could not 4 Homicide determine	be 28e. Place	e of Injury - At ing, etc. (Spec	nome, fam	M m, street, fact		Yes 2		28f. Location (S City or Tow		ber or Run	el Route Nun	nber,
	To the Hospital or At within 24 hours aftar of To the Funeral Direct completaly filled in by	edical Ce	29e. Certifier Check only one) Condition	hyancian: To the	esis of exemin	owledge, ation end/	death occurre or investiget	ed at the ti	me, date en opinion, dea	id pleca, ith occurr	and due to the d	ceuse(s) end m	anner as s	stated. o the ceuse(s	s)
	ithin ithin on the	Mec	29b. Signature and title of certif	and man	ner stated.			29c. Licens	se number		T	29d. Date sign	ed (Month	Day Year)	-
	P ≥ F 8		· fa	REFA)			RD 19				June 2			
,	10		30. Name and address of person of Dr. James Ortond		se of death (ite		ype, Print)								
			III. ISMAC III	MI III II	יועמפיו	n Sa	Hara D	77 370	Rolti	more	Maryla	nd 212.	37		

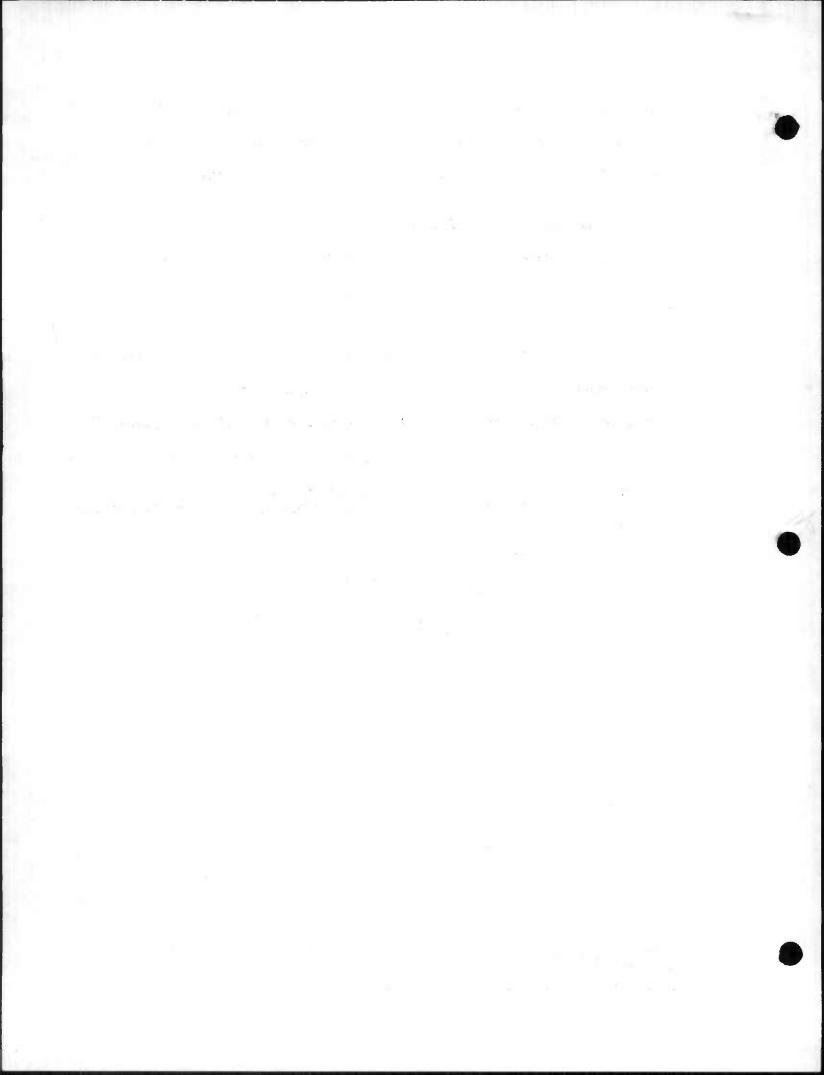


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State of Maryland / Department of Health and Mental Hygiene 97 94 7

					Certificate		Death	Re	g. No.		2411
Physi	cian	Dacadent's Nama (First, Middla, La					4	2. Deta of Daeth Month	Day	Yaar	3. Tima of Death
/Med	dicai		Dustin				4b. City, Town, or Lo	June 19		10-11	17:26
Exam	iner	4a. Facility Nama (If not institution, given Howard County Ge		i+o1					4c. County		
E-100				ILAI a (In yrs. last bii	thday) If Under 1	Year	Columbia If Undar 24 Hrs.		Howa		lece (State or Foreign
Funera Directo		218-14-8690 Usuel Rasidance of Decedant	Sax 7. Agi		Yrs. Months	Days	Houra Min.	8. Data of Birth (Month, Day, March 1	Yaar) 1,1925		leca (Stata or Foraign try) yland
yland		10a. Stata 10b. County		10c. City, Tow	n or Location					10	Od. Insida City Limits
Mar	to	MD Howar	d	Fulto	n						1 ☐ Yas XXNo
th the	Director	10a. Straat and Number			10f. Zip (Coda		10	g. Citizan of W	/hat Count	try?
th wi		11819 Lime Kiln	Road		20	759			USA		
21215-0020 d within 72 hours after death with the Maryland glene. Ir than "natural", or items 23a or 28s-f show it a Medical Examinar Inset to notified at	by Funeral	11. Maritai Status 1 □ Navar Married 2 □ Married 3 ◯ Widowed 4 □ Divorcad	12. Was Decedant I Armed Forces? 1 Yas 22 N If Yas, Giva Yaar or Datas:		13. Was Daceda If Yas, speci 1 \(\text{Yas} \) Yas \(\text{2} \)		Ilspanic Origin? (Spean, Maxican, Puarto Specify:	ecify Yas or No- Rican, atc.)	Biac	- Amarica k, Whita, a Whi	atc.
5-0 72 ho		15. Decadant's E	ducation	16a.	Decadant's Usual	Occup	pation	10	6b. Kind of Bu	ainass/Ind	lustry
within 7 see.	Completed	(Specify only highast gra Elementery/Secondary (0-12)	College (1-4or 5	+)	lifa. DO NOT use	a retire	oation during most of work! d)	ng			
d 21 filed wi Hygien ther th	Con	6	Ø		Carpenter	r			Self-e		yed
Maryland 2 do 2 should be filed if the end Mental Hygis 77 is merked other traumetic svent, the	Be	17. Fathar's Nama (First, Middla, Last,					18. Mothar's Name		eidan Sumami	a)	
arylar should b nd Menta marked	2	Charles Bryon Du					Edna Mil				
Mar 12 sh 12 sh h end ' is m		19a. Informent's Name/Relationship (, ,				and Number or Rura				
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Baltimore, Maryland permit. Pages 1 end 2 should be filed. Department of Health end Mental Hyg important: If Item 27 is marked other any Injury or other traumatic svent,		1 X Burial 2 □ Cramation 3 □ 4 □ Donation 5 □ Other (Specific	Ramoval from Stata	camata	cemetery or oth	har plac			oc. Location - 6 Burtons		e, Marylan
Salt mit.	OHICE	21. Signature of Funaral Sarvica Licar	nsee A		22. Nama and						
m sore	5	23a. Part1. Entay ha diseasa, or com shock, or heart feilura. List only	X160	vos	Fleck	Fur	neral Home	, Inc.			
ers the burnst fear the beautiful and the burnst fear the burn	Medical Examiner	disaasa or condition resulting in death) Sequentially list conditions, if any, leading to immadiata causa. Entar Underlying Causa (Disaasa or injury that initiated evants rasulting in daath) Lest	b. M c. Sev	Dua to (or es a dua to (or as a dua to (or as a dua to (or as a dua to (or as a dua dua dua dua dua dua dua dua dua d	consequence of):	ler	egl Riley)1600 K			
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f Vital Revysician: The lav	EO							1 ☐ Yas	2 1 No	1□	Yes 2 No
ita lan: artifica ctor,	Be	25. Was casa refarred to medical axaminar?					26. Place of Deeth	(Check only one)		
Of Vita Physician: r this certific aral director,	To	1 Yes 2 No	Hospitat: 1 ☐ Inpatia	nt 2 ER/Ou	tpatient 3 DO	Oth	ner: 4 Nursing Ho	ma 5 Residen	ice 6 🗆 Otha	ar (Specify)
Division of or Attending Physatter death. Director: After this	Certification:	27. Manner of Deeth 1 ☑Naturel 5 ☐ Pending 2 ☐ Accident invastigation		Year) 28b.	rima of 28 njury M	kc. Injur Wor 1 🔲	y at k? Yas 2 □ No	28d. Dascribe hov	v injury occurre	ed	
	ertific	3 Suicida 6 Could not b 4 Homicida datarmined		ry - At homa, fa . (Specify)	rm, streat, factory,	office		28f. Location (Stre City or Town,	aat and Numbe Stata)	er or Rurai	Route Number,
Division or to the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edical (29a. Certifiar 1 Cartifying Ph (Check only 2 Medicat Exam	ysician: To the best on niner: On the basis of and manner sta	axamination en	, daath occurred a d/or investigetion, i	t tha lin	ma, data and placa, opinion, daath occurr	and dua to the cau ed at the time, del	usa(s) and mai a and piaca, a	nnar as stand due to	atad. the ceuse(s)
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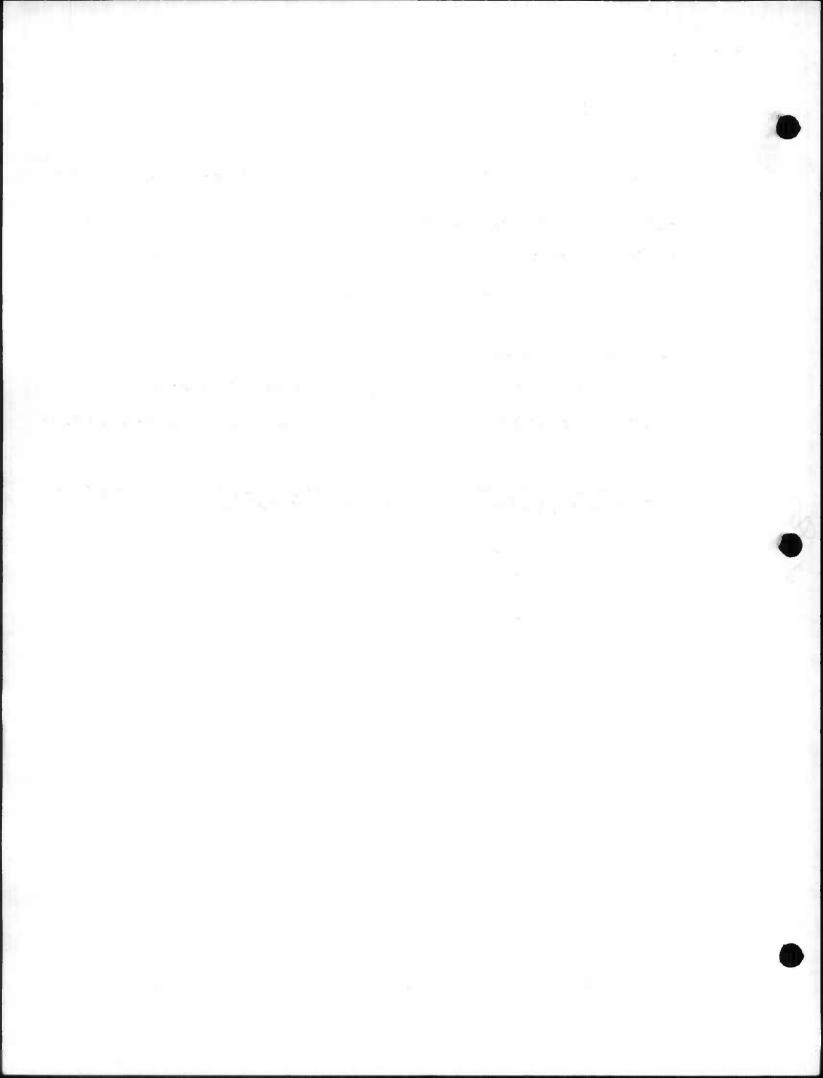
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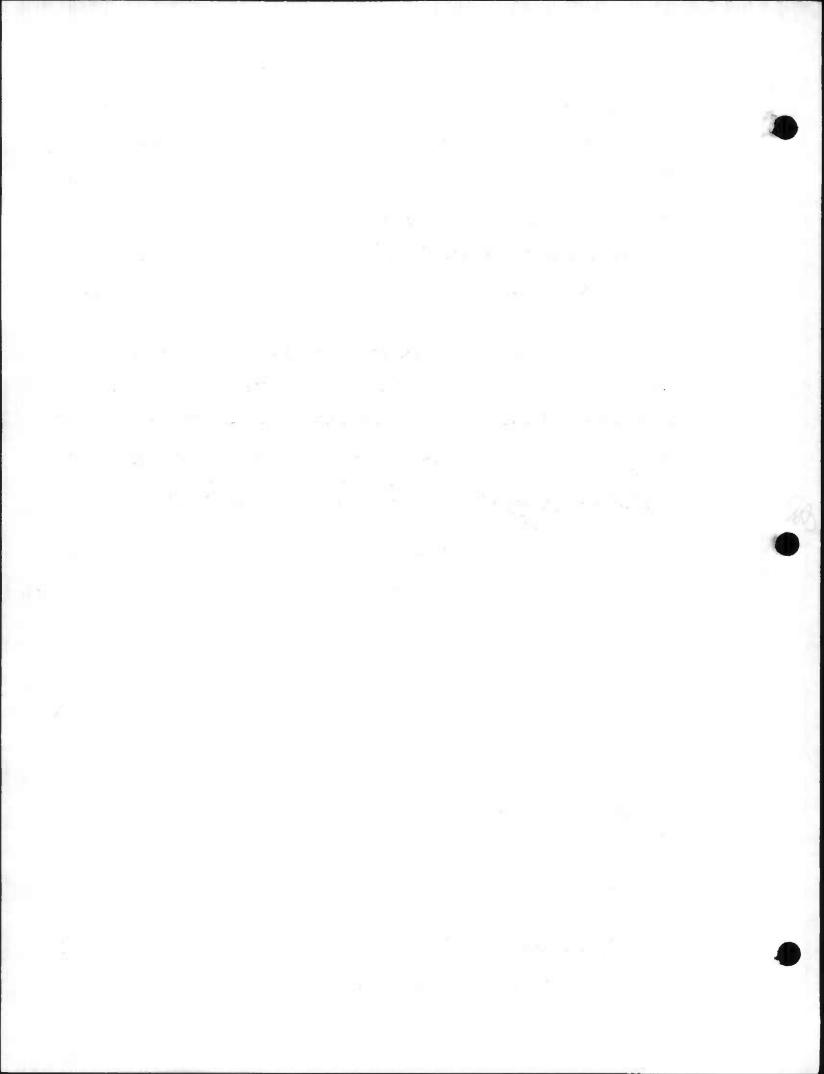
	OUGLAS		ITEM: 1 DELETE G perDR. 1. Decedent's Name (First, Middle, Las		-						Reg.			3. Tima of Death
	Physic /Medi		-G- Douglas	Dorn						JΨ	NE 6	Day 19	9 ^{Year}	1312 PM
	Exami	ner	4e. Facility Neme (If not institution, give					4		, or Location IMORE		4c. County	of Death	
J	Funeral Director		5. Sociel Security Number 6. Sounknown 1 Usual Residence of Decedent	ex 7. Age (/	In yrs. last	birthdey) Yrs.	If Under Months	1 Year Deys	ff Under 24 Hours	Min. (Mo	te of Birth onth, Dey, Ye rch 10	ear) , 195	9. Birthpl Coun 4 Ne	lece (State or Foreign try) W York
	death with the Meryland ma 23a or 28a-f show nast be nearlied at	ctor	10e. Stete 10b. County Maryland Baltimo		Oc. City, To	own or Loc							10	0d. Insida City Limits
	3a or 2	al Dire	3553 Lyndale Ave	nue			10f. Zip	Code 213				Citizen of V		try?
070	or the	by Funeral Director	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Eve Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes:	er in U,S.	If	Vas Deced Yes, spec	ify Cuba	spenic Origin n, Mexican, F Specify:	? (Specify Ye Puerto Rican,	es or No- etc.)		e - America ck, White, e	
715-0020	2 ho	eted	15. Decedent's Ed (Specify only highest great		10	6a. Deced	ent's Usua kind of wor	l Occupe	etion furing most o	f working	168	. Kind of B	usiness/ind	lustry
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yland	lid be fill lental Hy ked oth ic even	To Be	17. Father's Name (First, Middle, Last) Harold Goll Do	rn Sr.						Name (First, erine l			10)	
Mary	d 2 shou th and M 7 Is mar traumat	-	19a. Informent's Neme/Relationship (7 Catherine Dorn		1		_			or Rural Route				Code) nd 21218
parimore,	permit. Peges 1 and 2 should be filed within 7 Department of Health and Mental Hygiene. Important: If item 27 is marked other than "n any injury or other traumetic event, tra Med 2005.		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify	Removal from State	20b. Piace ceme	of Dispos		ne of		Date		. Location -		
Dall	Departition in the same in the		21. Signature of Funeral Service Licen-	Wale Dire	ector		State	Ana		Soard,		. Balt	imor	e Street
	Physician /Medical Examiner	er	23a. Fan1. Enter the disease, or compose, or heart failure. List only of limited the control of	· fathy	e to (or es	JGV	,	e of dying	g, such as ca	rdiac or respi	ratory errest,			Approximate Interval Between Onset and Death
,0070	the death certificete be executed by the attending physician end sched for use es the buriel-transit	edical Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury thet Initieted events	C	e to (or as			10	hoh	Sn				
00 YO			resulting in death) Last	d	e to (or as	a consequ	ience or):				- 90			
	v requires thet the death certif been signed by the attending should be detached for use e	by Physician/M	Part II. Other eignificant conditions of	ntributing to death but n	ot resulting	g in the un	derlying ca	ause give	en in Part I.	25		2□ No		the cause of death'
ecords,	8 8 8	Completed b			_					24	a. Was en a performed	utopsy 1?	ava	re autopsy findings illable prior to npletion of cause death?
מופו	E es e										1 Yes	2□ No	10	Øes 2□ No
>	Physician: r this certific ral director,	o Be	25. Was case referred to medical examiner? 1 ☒ Yes 2 ☐ No	Hospital:	2 □ ER/	Outpatient	3□ DO	Othe		Death (Chec		a XiXon	er (Snecifi	MOTEL
	if or Attanding Physicien: s efter death. I Director: After this certific of in by the funeral director,	Certification: T	27. Menner of Death Natural 5 Pending Investigation	28a. Dete of Injury (Month, Day Ye	288	b. Time of Injury		8c. Injury Work		28d. De	escribe how			,
	rs efter d ai Direct led in by	Certifi	3 Suicide 6 Could not be 4 Homicide determined	28e. Place of Injury bullding, etc. (5	- At home, Specify)	, farm, stre	et, factory	, office			cation (Stree y or Town, S		er or Rura	Route Number,
	To the Hospital or within 24 hours efter To the Funeral Director Completely filled in the	edical	29a. Certifier 1☐ Certifying Phy (Check only one) 1☐ Certifying Phy	sician: To the best of m iner: On the basis of exa and manner stated	ny knowled amination I.	ige, death and/or inv	occurred a estigetion,	at the tim in my op	e, dete and p inion, death	lace, and du occurred at th	to the caus e time, date	e(s) end me end place,	enner es st and due to	ated. the cause(s)
	To the Vithin To the compl	Me	29b. Signature and title of certifier	m			29c	. License	number C.M.E			Date signe		
			30. Name and address of person who o	empleted cause of deeth	h (Item 23	e) (Type, f	Print)			11.74				

State Registrar

111 Penn Street, Baltimore, Maryland 21201 31. Dete filed out of the Day, Year)
JUN 2 6 1997



		ITEM: 10b, 16a, perFH 1. Decedent's Neme (First, Middle, La		oh C	ertifica	te of	Death		Reg. No.		0 T (D1)
Physicia	n	David W.						2. Dete of De Month	Dey	Year	3. Time of Death
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uneral rector			COLL OF F	yrs. last birthde 75 Yrs.	Months			(Month, Da	1921		ce (Stete or Foreign X RYLAND
show		10e. State 10b. County		c. City, Town or	Location					100	d. Inside City Limits
28a-f sho	Director		more	Balti							1 Yes 2 No
0 8	rai Dire	3601 Cla	rks Land	e APT.	.428	ip Code	1215		10g. Citizen of	What Country	Λ
The second	by Funeral	11. Maritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ever Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates:	in U,S.	3. Wes Dece If Yes, spo 1 \(\sum \) Yes		Hispenic Origin? (S en, Mexicen, Puert Specify:	pecify Yes or No o Rican, etc.)	14. Rec Ble	white, etc.	c.
Da Medical Ex	Completed	15. Decedent's Ex (Specify only highest grade) Elementery/Secondery (0-12)		(Gi	DO NOT	ork done use retire	during most of world) PRESIC	DENT	16b. Kind of B		
vent,	ပိ	17. Fether's Neme (First, Middle, Last)		KEAL	LESTA	TE V	ICE PREH			ESTATE	
dic ev	To Be	PAUL		EISENBE	ERG		BESS	Œ	C	OHEN	
traum		19e. Informent's Name/Relationship (BETTY EISENBERG			-		ANE, APT		er, City or Town, BALTO.,		code) 21215
nt: If Item 2 ry or other		20e. Method of Disposition ↑	Removel from State	Db. Place of Dis cemetery, c	remetory or	other ple		Dete 24/97	20c. Location	-	
Important: It any Injury o once.	Ì	21. Signature of Funeral Service Liber			SOL L	EVIN	SON & BRO	OS., INC	•		
		23e. Pert1. Enter the diseese, or com shock, or heert feilure. List only	plication het ceused the	death. Do not e			TERSTOWN				
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miner		resulting in death)	e	to (or es e cons):					""
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i-tran	Examiner	Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury		to (or es e cons	sequence of):					
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00	0	1 ☐ Yes 2 🗷 No		2 ER/Outpet		OA		lome 5 Resi	denca 8 Oth	er (Specify)	
: After the funera	tion:	27. Manner of Deeth 1. Neturel 5 □ Pending 2 □ Accident investigetion	28e. Dete of Injury (Month, Day Yea	28b. Time injur	o of y M	28c. Inju Wo 1	ry et ork?] Yes 2 □ No	28d. Describe	how injury occur	red	
To the Funeral Director: After the completely filled in by the funeral	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injury - building, etc. (Sp.	At home, farm, pecify)	street, fecto	ry, office		28f. Location (City or To	Street and Numi wn, Stete)	ber or Rural F	Poute Number,
To the Funeral Director: After completely filled in by the funer	edical	29a. Certifier (Check only one) 1 Certifying Ph	ysician: To the best of my niner: On the basis of exam- end menner steted.	knowledge, de ninetion end/or	eth occurred investigetion	d et the ti n, In my	me, date end plece opinion, deeth occu	, end due to the irred at the time,	ceuse(s) end m dete end plece,	enner es stet and due to th	ed. ne ceuse(s)
Comp	Σ	29b. Signeture end title of certifier	/			^	se number		29d. Dete signe		
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(')		30. Neme and eddress of person who			pe, Print)	INA	S OOL	PITAL.	RAIT	mok	E.
State	е	31. Dete filed (Month, Day, Yeer)	Like Devidson	Mindelle					J., L.		



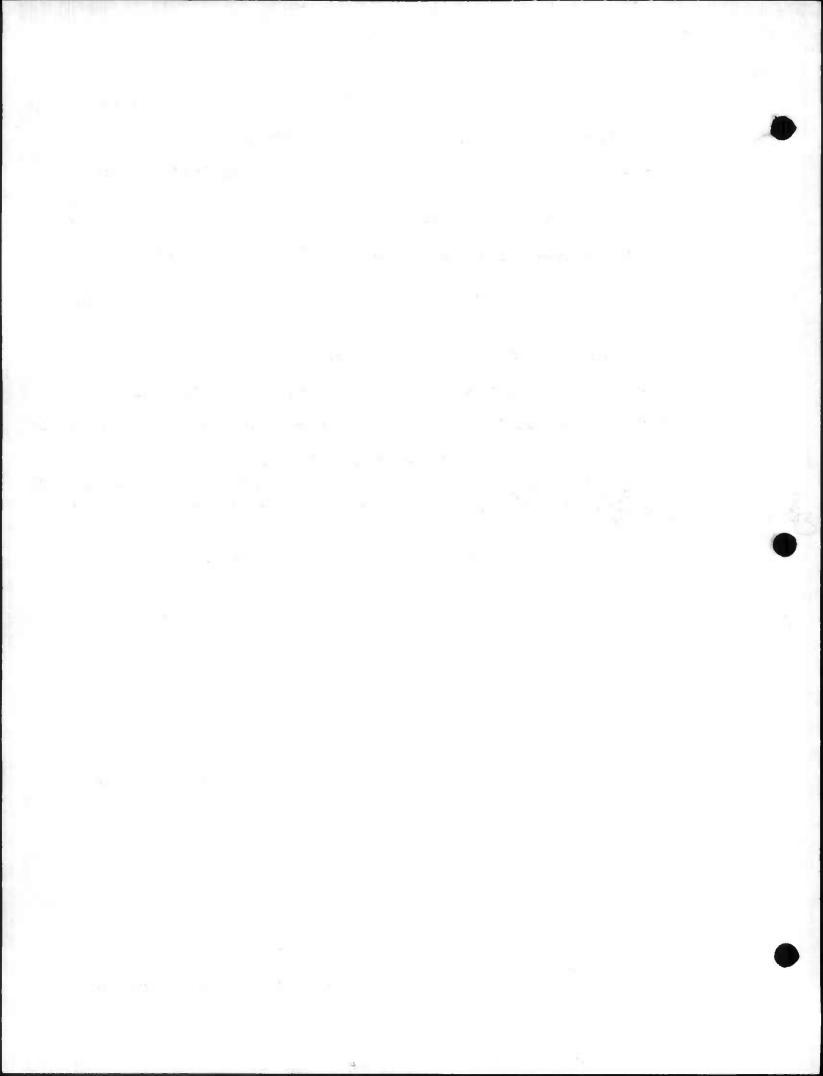
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State of Maryland / Department of Health and Mental Hygiene 97

19420

J	AMES E	LL	IOTT				Ce	rtificat	e of	Death			Reg. No.		
Г			1, Decedent's Name (First,	Middle, La	ast)							2. Date of De	eth	Voor	3. Time of Death
	Physic /Medi		James		El	liott						JUNE	Pay 16	1997	2:16P.M.
Ì	Exami		4a. Facility Neme (If not ins							4b. City, To BALT		ocation of Death RE		inty of Death	
	Funeral Director		5. Sociel Security Number 213-36-734		Sex NØM 2□F	7. Age (in yrs	s. last birthday) Yrs.	If Under Months			24 Hrs. Min.	8. Date of Birt (Month, Da 05-22	h		lace (State or Foreign
-	D		Usual Residence of Deced	-											
	show det		10a. State 10b. C	- 1			ity, Town or Lo							1	0d. Inside City Limits
	ha M	ecto	Md	NA	1		altimo						12.0011		XXes 2□No
	23a or 3	Funeral Director	10e. Street end Number 220 South	Was	shingto	2nd. n Str		10f. Zip		231			US!	of What Cour	ntry?
20	72 hours after death with the Meryland "naturel", or frame 28s or 28s-f show ad cell Examiner must be ricitled at		11. Marital Status Never Married 2		12. Was Deced	ces? 2 J -No		Wes Deced If Yes, sped 1 ☐ Yes	cify Cul	oan, Mexica	n, Puerto	pecify Yes or No Rican, etc.)		Rece - Americ Black, White, ecify: D 1	etc.
21215-0020	ural',	d by	3 Widowed 4 Div		Year or Da	tes:						1			lack
15	C 6	Completed	(Specify only	-	ade completed)		(Give	dent's Usua kind of wo DO NOT us	rk done	during mos	st of work	king	16b. Kind o	f Business/Ind	dustry
212	filed within Hygiene. other than "	E O	Elemantary/Secondary (6 8th Grade)-12)	College (1-NA	4or 5+)		emplo		,			NA		
pu		BeC	17. Father'a Name (First, M	iddle, Last	1)				70	T	er's Nam	e (First, Middle,		name)	
Maryland		To B	James		E11:	iott				Far	nnie		ampbe	11	
lan	and and s m	•	19a. Informant's Neme/Re	atlonship ((Type, Print)		19b. Maili	ng Address	(Stree	t and Numb	er or Rui	ral Route Number	-		Code)
	ロモトラ		Sis. Mary	Lou	ise Zo.	-				Bond	Str	eet Ba	ltimo	re, Mc	. 21231
ore	8 - 5 0		20a. Method of Disposition ★☆ Burial 2 ☐ Crem	ation 3 D	Removal from S	tate	Place of Dispo cemetery, cret	natory or o	ther pl			Date		on - City or To	
Ë	Pag mant lant:		4 ☐ Donation 5 ☐ Ot	ner (Speci	(fy)	S	acred	Hear	ct	of Je	sus	06-26	-97 I	undal	k, Md.
Baltimore,	permit. Page Dapartmant of Important: If eny Injury or once.		21. Signature of Funeral S	MCe Lice	1160	7	22	2. Name an	nd Addr	ess of Facili	ity B	altimo	re, N	laryla	nd 21202
_	70 = 0 d		1/m	ell	ek-	pne	SO V	M.C.	M	arch	FH	1101 E	. Nor	th Av	enue
ı			28a Part1. Enter the diseas shock, or heart failure	se, or com List only	rplications that by one cause of a	used the dea ch line.	ath. Do not ent	er the mod	le of dy	ing, such as	cardiac	or respiretory e	rest,		Approximete Interval Between
	Physician /Medicai		Immediate Cause (Final			0.10	1	1	0		0	n -			Onset and Death
	Examiner		disease or condition resulting in death)		a/	4 theros	derete	: Care	lion	rascul	ass	Duca	el		
		6				Due to	(or as a consec	quence of):							
_	dansit	Examiner	On an analysis that the same state of the	-	b. ———	Due to 6	or as e consec	wonen of	_					İ	
5	be em, ited ician and burial-transit	Exa	Sequentially list conditions if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury			Due to t	or as e consec	puerica orj.						1	
E	hysicie tha bu	cai	that initiated events	1	C	Due to (or es e conseq	uence of):							
eg xc	cent ding p	Medical	resulting in death) Last	J	d			,							
Bo.	ettar for t	Physician/	Part li Other eignificent co	nditiono	contributing to do	th but not so	oulting in the u	ndodulon o		ivon la Dart	1	22h Did	obecco uso	o antidude to	the enues of death?
0	the sch	hys	Part li. Other significant co	mantone c	contributing to dea	en jon nud re	sulling in the u	naeriying c	ause g	iven in Part	I.	1 🗆	*		the cause of death?
D.	es that igned I be dat	by P							-8				2231	0 00110	outly 4 onknown
Records,	requir seen s hould	Completed t											an autopsy med?	evi	ere autopsy findings allable prior to mpletion of cause
Rec	hes hes	mp													deeth?
Vital	ucian: Tha cartificate h rector, paga		25 Was apporatored to m	odies!	T							70		1)	Yes 2□ No
<u>=</u>		To Be	25. Wes case referred to m examiner? 1X Yes 2 No	edical	Hospital:	patient 2	☐ ER/Outpatier	- 2□ DC) O	her:	e of Deel ursing Ho	th (Check only o		Other (Freeit	ad.
o o	는 문교		27. Manner of Death		28a. Date of	Injury	28b. Time of		8c. inju		ursing Ho	28d. Describe		Other (Specif) curred	v)
ion	Attending I or daath. ector: After by tha funal	atlo		ending vestigatio		, Day Year)	Injury	М		ork?]Yes 2□	No				
Division	or Attendi efter daath. Director: A in by the fu	Certification:	3 ☐ Suicide 6 ☐ 0	could not b	28e. Place o	of injury - At h	nome, farm, str	eet, factory	, office			28f. Location (S City or Tox	Street and Nu	mber or Rura	I Route Number,
Ö	tal or A	Cer	Tiomolog		Dallalli	g, etc. (Speci	··y/					Ony or You	in, Otato)		
	To the Hospital or Attending I within 24 hours efter death. To the Funerel Director: After complately filled in by the funer	edical			nysician: To the bas miner: On the bas and manne	is of examin									
	To the within 2 To the compla	Me	29b. Signeture and title of c	ertifier				290	c. Licen	se number		T	29d. Date si	gned (Month,	Day, Year)
	1 . 0		De	- 1	Chit	4.0			0	C.M.	E		JUNE	17,19	997
	1		30. Neme end eddress of p	ergon who	completed cause	of death (Ite	m 23a) (Type.	Print)	0.	O . 1/1			UONE	11,1	
	0		Dennis J. C	hute	MD		111		n S	tree	t, I	Baltimo	ore,	Maryla	and 21201
	Sta	te	31. Dete filed (Month, Day,		Julia 2000	Ware Sign	Applette				-		·		
	Registr	ar	JUN 18 1997		0	,									



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month Yaar Hazel Edmonston June 20, 1997 8:15 p.m. 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Daath 4c. County of Deeth Mariner Health Care of Greater Laurel Prince Geroge Laurel 5. Social Security Number If Undar 1 Yaar If Undar 24 Hrs. 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) March 7, 1911 Birthplaca (Stata or Foraign Country) 1 M 2XX Days 86 Yrs. 216-12-4593 Virginia Usual Rasidanca of Decedant 10a. Stata 10b County 10c. City, Town or Location 10d. fnsida City Limits Vas 2□ No Prince George Laurel 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 502 Talbott Avenue 20707 USA 12. Was Decedant Evar in U,S. Armad Forcas? 1 ☐ Yas 2 ☐ No 11. Marital Status Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 Navar Marriad 2 Marriad If Yas, Giva Yaar or Datas: 1 Yas XXNo Specify: White 3 Widowad 4 Divorcad 16a. Decedent's Usuel Occupation (Giva kind of work dona during most of working 15. Decedant's Education (Spacify only highast grada completed) 16b. Kind of Businass/Industry (Giva kind of work dona do lifa. DO NOT usa ratired) Elemantary/Secondary (0-12) Collaga (1-4or 5+) Homemaker Own Home 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) John W. Rector Flora McBride 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Woolford Edmonston/Husband 502 Talbott Avenue, Laurel, Maryland 20707 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of camatary, crematory or other placa) 20c. Location - City or Town, State 1 Burial 2 Cramation 3 Ramoval from Stata Baltimore Washington Cr. 6/21/97 Laurel, Maryland 4 ☐ Donation 5 ☐ Other (Spacify) 21. Signature of Euneral Service Licensee 22. Nama and Addrass of Facility Fleck Funeral Home, Inc. 7601 Sandy Spring Road, Laurel, Maryland 20707
Shock or heart fellura. List only one ceuse on aech lina.

7601 Sandy Spring Road, Laurel, Maryland 20707
Approximate Immediate Causa (Final CENTRIOVASCULAR ACCIDENT disaasa or condition rasulting in daath) Sequantially list conditions, if any, laading to immediata causa. Entar Undarlying Causa (Disaasa or injury that initieted events rasulting in daath) Last Dua to (or as a consequence of): Dua to (or as a consequenca of) Part II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Onknown BRAIN 24b. Ware autopsy findings available prior to 24a. Was an autopsy completion of cause of death? 1 Yas 2 No 1 Yas 2 No 25. Was casa rafarrad to medical 26. Placa of Daath (Chack only ona) axaminar? Hospitel: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yas 2 No 27. Mannar of Deeth 28e. Data of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Tima of 28c. Injury at Work? 5 Panding Invastigation 1 PNatural 1 ☐ Yas 2 ☐ No 2 Accidant 3 ☐ Suicida 6 Could not be determined 28a. Placa of Injury - At homa, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 4 Homicida 1 Destitying Physicien: To the best of my knowledge, deeth occurred at the time, dete end place, end due to the cause(s) end menner as steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) and mannar stated. 29a. Cartifiar (Check only 29b. Signatura and title of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Yaar)

CHERRY LANE LAURER MD 20707

P.O. Records, of Vital or Attending Physicien: Division

To the Hospital o within 24 hours ef To the Funeral DI completely filled in State

Registrar

Physician

/Medicai

Examiner

Funeral

Director

to or 28a-f show

me 23e

r than "neturel", or iten the Medical Examiner filed within 72 hours efter

Hygiene.

i. Pages 1 and 2 should be filed with ment of Health and Mental Hygien and: if item 27 is marked other the lury or other traumatic event, training the second training of the second tr

Physician /Medical

Examiner

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page 2 should

director,

filled in by the funeral Certification:

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21215-0020

Baltimore, Maryland

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Funeral

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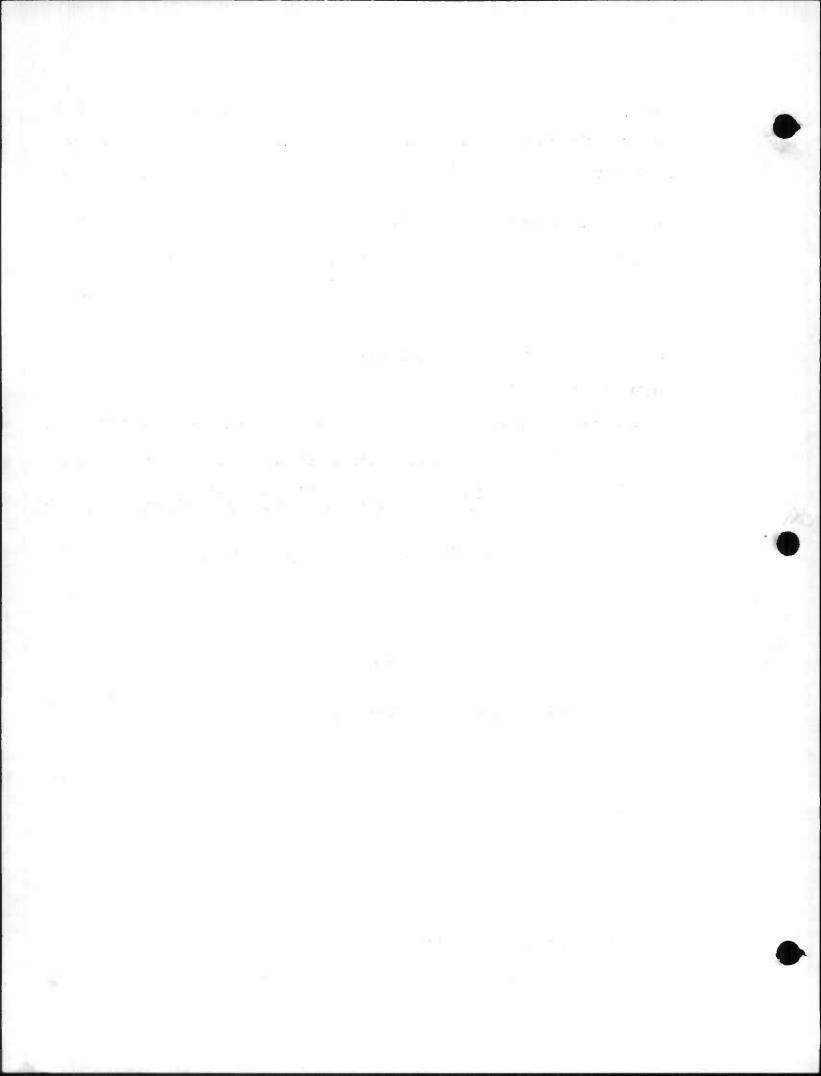
Be

31. Data filed (Month, Day, Year)

30. Nama and addrass of person who completed causa of death (Item 23e) (Type, Print)

LUIS A. CASAS MD 8317 C 32. Registrar's Signatura while Midson-Randell

DHMH 16 Rev 6/95



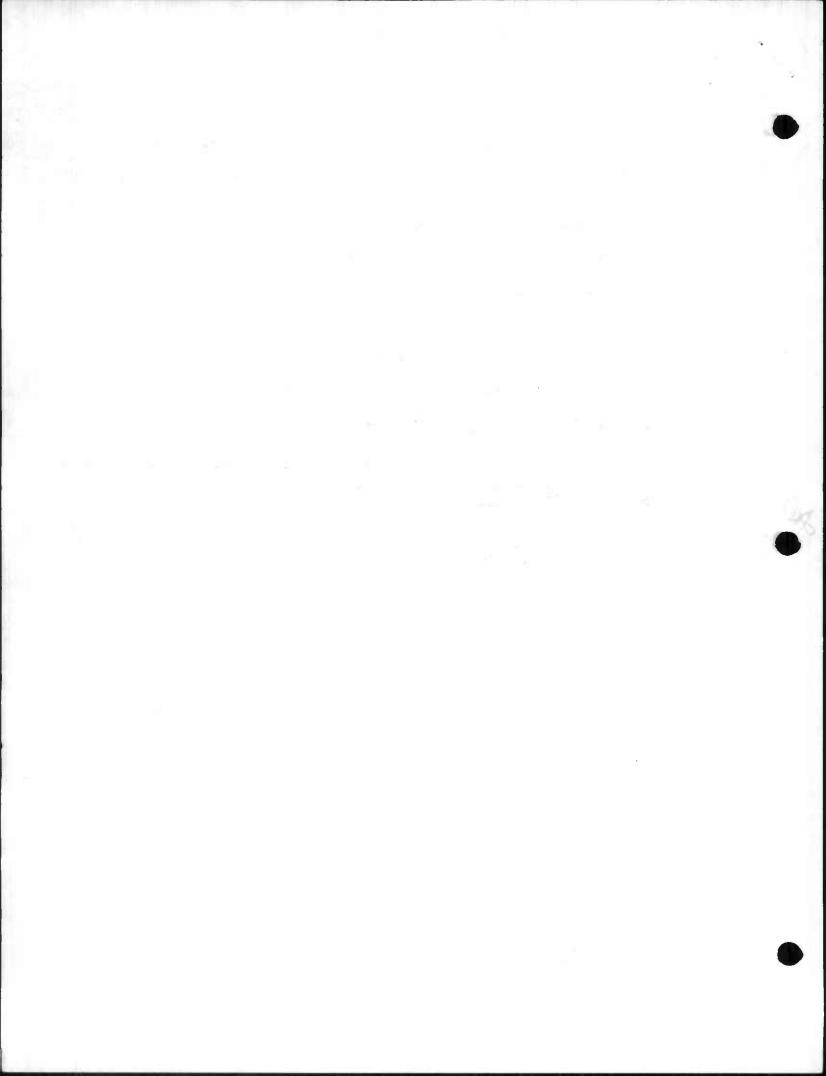
State of Maryland / Department of Health and Mental Hygiene

19422

						Ce	rtificate o	f Death		Reg. No.	•	Y las los
	TO U.S.		1. Decedant's Nama (First, Midd	dia, Last)					2. Data of De	ath		3. Tima of Death
	Physic		William H	enry Fo	11/3	rd.			June 2	2. 1997	Yaar	4:00 PM
	/Medi Exami		4a. Facility Nama (If not institution					4b. City, Town, or L			of Death	4.00 111
	Exami		Northwest Hos	nital Cent	tor			Panda1	lstown	Ra1	timor	***
	Funeral		5. Social Security Number	6. Sax	7. Aga (In yrs. la	ast birthday,		r If Undar 24 Hrs.	8. Data of Bir (Month, Da		9. Birthp	olaca (Stata or Foraigi
	Director		212-36-7628	1 1 M 2□ F	57	Yrs.	Months Day	s Hours Min.	Mar 14	1940	Cour	Jersev
	70		Usual Rasidanca of Dacadant						11012 21	, 2510	2.0	00150
	show		10a. Stata 10b. Count	У	10c. City,	, Town or L	ocation				1	Od. Insida City Limits
	the Maryla 28a-f shor	cto	Maryland Balt	imore		Wood	Lawn					1 ☐ Yas 2 🖾 No
	vith the	Director	10e. Street and Number				10f. Zip Coda			10g. Citizan of	What Cour	ntry?
			7103 Chamber	lain Rd.			2124	4		USA		
	after death w	Funerai	11. Marital Status	12. Was Dec	cedant Evar in U,S	3. 13.	Was Decedant of	Hispanic Origin? (Sp ban, Maxican, Puarto	ecify Yas or No		ce - Amaric	can Indian,
0	or th		1 ☐ Navar Married 2 🔀 Ma	rried 1 X Yas	2□No 195	8-	1 ☐ Yas 2 ☒ N		Trioun, aro.,	Specif		ato.
21215-0020	72 hours after netural; or the	d by	3 Widowed 4 Divorca	d Yaar or	Datas: 196	4	100 2001	opomy.		Specii	Wh:	ite
5-(Completed		nt's Education ast grada complated)	(Give	dant's Usual Occ	a during most of work	ing	16b. Kind of B	usinass/In	dustry
121	d within piene. r than	mpi	Elamantary/Secondary (0-12)		(1-4or 5+)	lifa.	DO NOT usa ratio	red)		Baltim		
2			12 years	2 year	rs	Lieut	tenant				-	artment
Suc	tal H dot	Be	17. Fathar's Nama (First, Middla					18. Mothar's Nam			na)	
Y	should be 1 nd Mental I marked of imatic eve	2	William Henr	-	d.				Brestle			
Maryland	2 2 2		19a, Informant's Name/Ratation			19b. Mail	ing Addrass (Stre	et and Number or Rur	ral Routa Numb	er, City or Town	Stata, Zip	Coda)
	1 and Health em 27		Sharon R. Faul	(W:	ife)		Chamber	lain Rd.		more, M	-	21244
ore	If Ite		20a. Mathod of Disposition 1 ☐ Burial 2 ☒ Cramation	3 □Ramovai from	CO		osition (Nama of matory or othar p	laca)	Data	20c. Location	- City or To	own, Stata
Baltimore,	permit. Pages 1 and Department of Health Important: If Item 27 any Injury or other to once.		4 □ Donation 5 □ Other (roll (Crematio	n, Inc. 6	-25-97	Hampst	ead,	Maryland
all	permit. Pa Departmer Important: any Injury once.		21. Signatura of Funaral Sarvice	Licansee	1		2. Nama and Add		1 Dimes	4 T		
Ш	825 8 8		John K	Ayle	1			ers Funera rty Rd. R				21133
			23a. Part1. Entar tha disaasa, c shock, or haart failura. Lis	or complications that	causad tha daath.	. Do not an	tar tha moda of d	ying, such as cardiac	or raspiratory a	rrast,	1	Approximata Intarvai Between
All I	Physician		orion, or main ranora. Lin	or orny one outde on	auon ma.						4	Onsat and Death
1	/Medical		Immediata Causa (Final disaasa or condition	Pcc	bable	aci	ite mi	ocardial	info	rctim	1	
	Examiner		rasulting in daath)	a. 1.10	Dua to (or	as a conse	quanca ot):	Carbar	11119	1 (110)		
	₽ #	iner										
	ertificata be executed ling physician and e as the burial-transit	Examiner	Saquantially list conditions,	D	Dua to (or	as a conse	quanca ot):					
,00	e exe		Saquantially list conditions, if any, laading to immadiata causa. Entar Undarlying								İ	
68760,	equires that the death certificata be execut sen signed by the attanding physician and cuid be detached for use as the burial-tran	Medical	Causa (Disaase or Injury that initiated avants rasulting in daath) Last	C	Dua to (or	as a consec	quanca of):					
9 x	ng p	Mec		L.								
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	that the death hed by the attain detached for it	Physician/	Part It. Other significant conditi	iona contributing to d	leath but not rasul	lting In tha	indarlying causa	given in Part I.	23b. Did	tobacco use co	ntributa to	o the cause of death'
P.0	at the	Phy	Atrial 6	beillotis					10	Yes 2 No	3 Pro	bably 4 Unknow
	signed I	by	Atrial fi hyperlips	Dillano	/							
ecords,	been sishould	Completed	hunerlin	damia					24a. Was	an autopsy	av	ara autopsy findings ailable prior to
9	8 0 8	ple	11970 1151	demia						L/	of	mplation of causa death?
E	2 2	mo;							10	Yas 2 No	10	Yas 20 No
ta	X in	Be	25. Was casa rafagrad to medica	al				26. Place of Deat	th (Check only o	ona)		/
oWita	200	To	axaminar? V 1 ☐ Yas 2 K No	Hospital:	Inpatiant 2 E	R/Outpatie	nt 3 DOA	thar		dance 6 □Oth	nar (Specif	(v)
	B PP		27. Marhar of Daath	28a. Data	of Injury oth, Day Year)	28b. Tima o				how injury occur		
Division	Attending ir death. ector: Alte by the fund	atio	1 ØNatural 5 ☐ Pandi 2 ☐ Accidant invast	ing (1970) tigation	iii, Day 1 Gai)	Injury		☐ Yas 2 ☐ No				
Vis S	f or Atten- after deat Director: 3 in by the	Hic	3 ☐ Sulcida 6 ☐ Could	minad 208. Flac	e of Injury - At hon	na, farm, st	reat, factory, offic	а	28f. Location (Straat and Numi	ber or Rura	al Routa Number,
ō	af or A after d Dire	Certification:	4 Hornicida	Dulic	ling, atc. (Specify)				City or To	wn, Stata)		
	hour mere y fill		29a. Cartifiar 1 Certifyi	ng Physician: To the	a bast of my know	ledga, daat	h occurred at tha	tima, data and placa,	and dua to tha	causa(s) and m	annar as s	tatad.
	A P P P P P P P P P P P P P P P P P P P	edicai	(Check only 2 Medical one)	Examinar: On tha t and mar	pasis of axamination nnar stated.	on and/or in	vastigation, in my	opinion, death occur	red at tha tima,	data and placa,	and dua to	o tha causa(s)
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	ž	29b. Senature and title of certific	or	-		29c. Lica	nsa number		29d. Data signe	d (Month,	Day, Year)
	Transfer Substitute		N ~ 02 (0	~			12	3964		10-7	4.9	7
			30. Name and address at person	who complated cau	sa of daath (Itam :	23a) (Type	Print)	.0 101		W ~	1 1	
			Jeffrey D.	Gaher	2	02	Green	.3964 spring 5	tation	Balto	m	21093
	Sta	ite	31. Data filed (Month, Day, Year) 321	Ragistrar's Signatu	ura	J. 0011	J	,	51110)	
	Registr	-	JUN 2 6 199	37 Ju	a Davidson	Pande	De.					

DHMH 16 Rev 6/95

JUN 26 1997



State of Maryland / Department of Health and Mental Hygiene

19423 LAWRENCE Certificate of Death GRAVES 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month Year **Physician** C. GRAVES LAWRENCE JUNE 20 1997 9:55P.M. /Medical 4e. Facility Name (If not Institution, give street and number 4b. City, Town, or Location of Death 4c. County of Deeth Examiner 2523 MADISON AVE BALTIMORE If Under 1 Year | If Under 24 Hrs. | Months | Deys | Hours | Min. | 9. Birthplace (State or Foreign Country)
MARY (Ant). 5. Social Security Number 7. Age (In yrs. lest birthdey) 6. Sex **Funeral** 219-26-8705 10M 20 F Months Yrs. Director Usual Residence of Decedent the Maryland 10b. County 10a State 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumetic event, the Medical Examiner must be notified at BALTIMORE 1 Yes 2 No Director Md. 10e. Street and Number 10g. Citizen of Whel Country? 2523 MAdis AVE, 4.5.A items 23a Funerai 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Rece - American Indien, Black, White, etc. 11. Marital Status Was Decedent of Hispanic Orlgin? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) filed within 72 hours efter Hygiene. 1 ☐ Never Married 2 ☐ Merrled Baltimore, Maryland 21215-0020 ò 1 ☐ Yes 2 🖫 No Specify: Specify: BLACK by 3 ☐ Widowed 4 Divorced permit. Pages 1 and 2 should be filed within 72 hours Department of Health and Mental Hygiene. Important: If flam 27 is marked other than "naturel; any injury or other traumatic auch. Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation
(Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) DISABLE NONE 12 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be JORDAN LAWRENCE C, GRAVES DOROTHY 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) LOUISE CRAW FORd - Cousin 3 DONO Ct. RANdall Town, nd. 21133 20b. Place of Disposition (Neme of cemetery, crematory or other placa) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 ☐ Cremetion 3 ☐ Removal from State 6/27/57 oschall ABCC CEMETERY 61
22. Name and Address of Fecility
1679 N. BAOACWAY 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Servica Licensee Bacto. Md. 21213 23a. Fait1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. FYNERAL HOME I SERVICE Approximete Interval Between **Physician** /Medical Immediate Cause (Final Cardiovascular disease or condition resulting in death) **Examiner** Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or es a consequence of): Records, P.O. Box 68760 Physician/Medical Due to (or as a consequenca of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was en autopsy performed? Completed INSPECTION 1 ☐ Yes 2 ☐ No After this certificate Division of Vital To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifical completely filled in by the funeral director; Be 25. Was case referred to medical 28. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 X Residence 6 Other (Specify) 1 Yes 2 No 2 28c. Injury et Work? 27. Manner of Deeth 28b. Time of 28d. Describe how injury occurred Medical Certification: 5 Pending Investigation 1 Natural
2 Accident 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the ceuse(s) and manner as stated.

2 Madical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred et the time, dete and place, and due to the cause(s) end manner stated. 29a. Certifier (Check only one)

State Registrar

Dennis Chute M.D. 31. Date filed (Month, Day, Year) JUN 2 6 1997

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

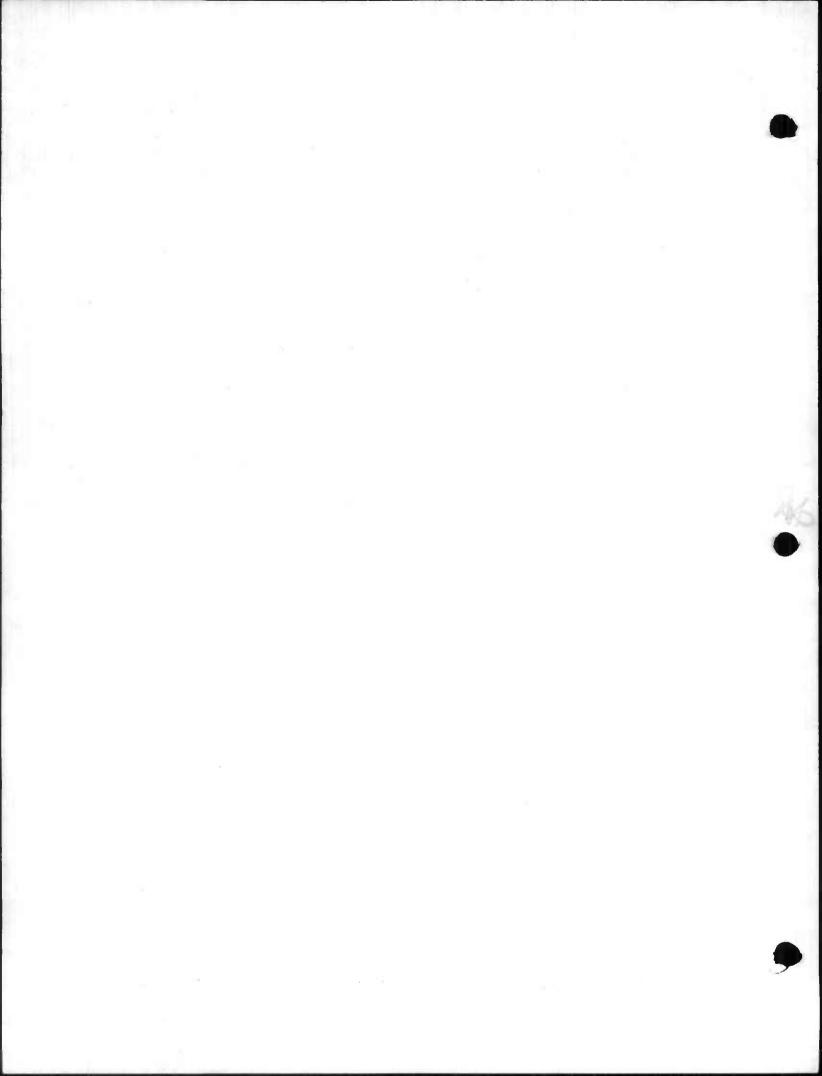
29b. Signeture and title of certifier

111 Penn Street, Baltimore, Maryland 21201 Line Day don- Pandelle

29c. License number

O.C.M.E.

29d. Dete signed (Month, Dev. Year) JUNE 21, 1997



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97 19424

				Cert	ificate of	Death	,	Reg. No.		2767	
Physic	ian	1. Decedant's Nema (First, Middla, Las	OBERT	G01-1	DEN		2. Date of De Month	Dey	Yaar	3. Tima of Daath	
/Medi Exami		4e. Facility Name (If not institution, give	street and number)		7217	4b. City, Town, or		th 4c. County	1000	-1-/Pi	
		2864 Hunt Valley		1 -1 -1 -1 -1 -1	If Under 1 Yaer	Glenwoo		Howa			
Funeral Director		133-30-7243	7. Aga (in yr.	s. last birthday) Yrs.	Months Days		(Month, De	th ay, Year) 6, 1937		aca (Stata or Foreign ry)	
Maryland e-f show iffed at	otor	Usuel Rasidance of Dacedent 10a. Stata 10b. County Howard		ity, Town or Loca enwood	ation				10	id, tnside City Limits 1 ☐ Yas 2 Ñ No	
her death with the Maryla Herne 23e or 28e-f show Inst. must be notified at	al Director	10e. Street and Number 2864 Hunt Valley	Drive		10f. Zip Code 21738			10g. Citizen of VU.S.A.		ry?	
	by Funeral	11. Maritel Stetus 1 Navar Married ZX Merried 3 Wildowed 4 Divorced	M Vac Chia	62	es Dacedant of Yes, specify Cut	Hispanic Orlgin? (Span, Mexican, Puar Specify:	Specify Yes or No to Rican, atc.)		ce - Amarica ck, Whita, e	tc.	
21215-0020 d within 72 hours at green. r than "naturer, or the Medical Exam	Completed	15. Decedant's Edi (Specify only highast grad	de completed) Collega (1-4or 5+)	(Give ki		pation during most of wo ad) LVe-Retir		16b. Kind of B			
		12th Grade	6	Selitor	Execut		red Total Health Care ema (First, Middla, Malden Surname)				
Maryland 42 should be lie 51 and Mental Hy 7 is marked oths traumetic event	To Be	Clyde Golden				Viola B					
- 5504		19a. tnformant's Name/Raiationship (7) Barbara Golden	ype, Print) Wife	wife 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, 2864 Hunt Valley Drive Glenwood, MD. 21							
altimore, mit. Pages 1 a partment of He portant: If Hem y Injury or othe		20a. Mathod of Disposition 1 Buriel 2 Cramation 3 1 4 Donation 3 Other (Specify,	Removal from State	Place of Disposit cemetary, crema etro Cre	itory or other ple	,	June 26	20c. Location - Balto.,		m, Stata	
Balt permit. Departm imports any inju		21. Signature of Funeral Service Moega		22.1	Nama and Addr	ass of Fecility N	utter F	r Funeral Homes, Inc. Baltimore, Md. 21216			
Physician		23a Parti. Enter the disease, or comp abook, or heart failura. List only o	lications that caused the dance leading to the line.							Approximate Interval Batween Onset end Death	
/Medical Examiner		Immediata Causa (Finel disaasa or condition rasulting in daath)	a. Gunsh Dua to b. Multi	ot w	ound	toth	ehea	d	5	seconds	
be sit	Examiner		b. Multi	ple (nce of):	onA				var-	
8760. ar Ecuted hysician and the bunal-transit											
Osertilo Oding p	√Medical	rasulting in death) Last	Dua to (or es e consequa	enca of):						
death cert death cert e attendin ed for use	Physician/N	Pert II. Other significant conditions co	ntributing to death but not re	van in Part I.	23b. Did	tobacco usa co	ntribute to	the cause of death?			
that the dended by the sidetached			situational)							
I Records, P.O. Bo The lew requires that the death the hes been signed by the atter bage 2 should be detached for the	Completed by						24a. Was	Ia. Was an eutopsy performed? 24b. Wara autopsy findings available prior to completion of cause of death?			
The is	Con						10	Yes 2 No	10	Yes 2 Ne	
of Vital Physician: The This certificate ral director, pag	Be	25. Wes case raferred to medical axamiper?	Hospital:		Ot	her	ath (Check only				
Phys Pris gral di	: To	1 ☐ Yes 2 ☐ No 27. Manner of Death	1 ☐ Inpatient 2 ☐	28b. Tima of	3LI DOA	4 LI Nursing F		denca 6 Oth			
VISION O Attending Ph r deeth. ector: After th by the funeral	ation	1 ☐ Natural 5 ☐ Panding invastigation	(Month, Day Year)	Injury 432/10	28c. Inju Wo	rk? Yes 2 HVo		liched qu		wound	
Division To the Hospital or Attending Within 24 hours after deeth. To the Funeral Director: After completely filled in by the fune	Certification:	3 Substitute 6 Could not be 4 Homicide datamined	28e. Place of Injury - At I building, atc. (Special Constant)	noma, farm, stree	t, factory, office	d	28f. Location (Street and Numb	per or Rural		
Hospital or 24 hours afte Funeral Dire letely filled in	edicai C	29a. Cartifier 1 Cartifying Phy (Check only 2 Madical Examt	stctan: To the best of my kn	owledge, death o ation and/or Inves	occurred at tha ti stigation, in my	ma, data and plece opinion, deeth occu	e, end due to tha	cause(s) and ma	anner as sta	ited.	
To the Vithin 2 To the complet	Mec	29b. Signatura and titla of certifier	and manner steted.		29c. Licen	se number		29d. Data signe	d (Month. D	ay, Year)	
8484		1 they we to	Time. 1	~	Di	31473		June	24,1	1997	
10		30. Name and addrass of person who or PATTW & A	omplated cause of death (Ita	m 23a) (Type, Pri	mlock (ine way	Ellizat	1 City M	10 21	042	
Sta	te	31. Data filed (Month, Day Year)	Lu lias Brogetsers of	modella							

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

19425

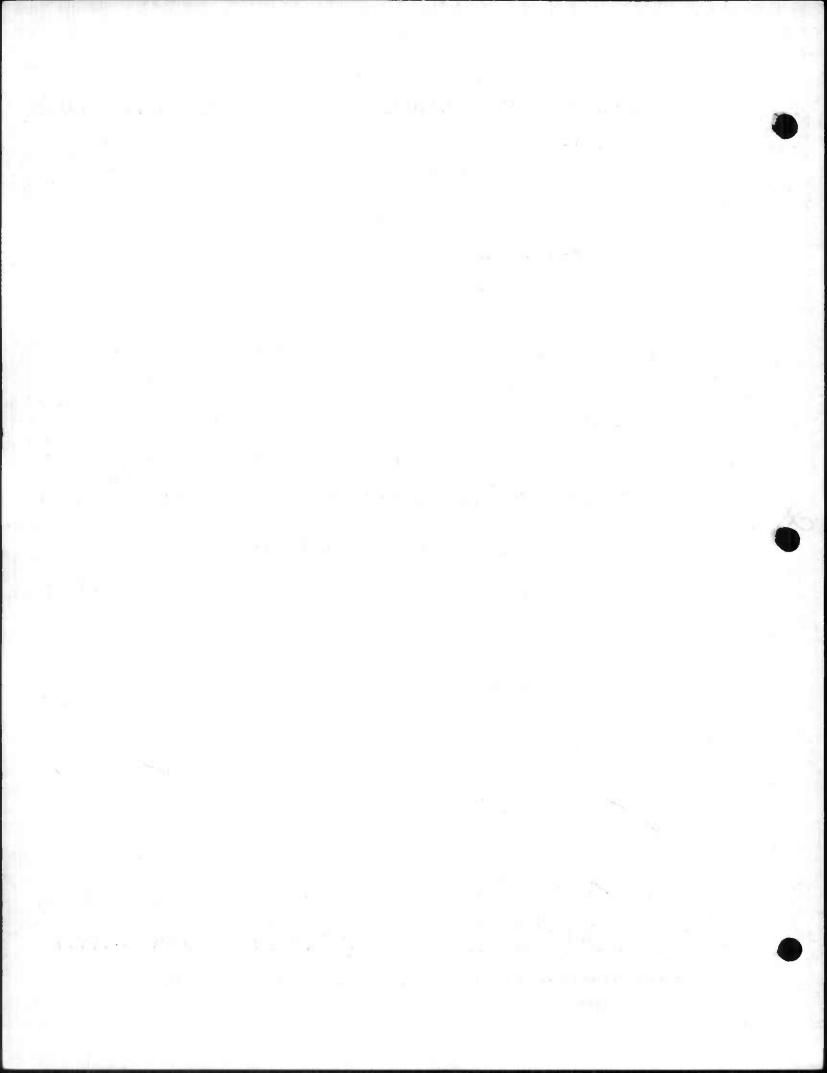
hysician					00	rimoato c	or Death		Reg. No.	
/Medical		1. Decedent's Name (First, Midd Edith	Pear			Gail		June	2 ⁴	3. Time of Dear
Examiner		7613 Danie					4b. City, Town, or Baltimo		ath 4c. County	of Death N/A
uneral rector	2	5. Social Security Number 214-84-3065 Usual Rasidence of Decedent	6. Sex 1 ☐ M 2 6 PF	7. Aga (In yrs	. last birthday) Yrs.	If Under 1 Ye Months Da		(Month, L	Sirth Day, Year) 7,1914	9. Birthpiace (State or Fore Country) Maryland
show id at	1	10a. State 10b. Count			ity, Town or Lo					10d. Insida City Lin 1 X Yes 2 □
be notified at		Maryland 10e. Street and Number	N/A	Ва	ltimore	10f. Zip Cod	le		10g. Citizen of V	
0 8 0	3	2804 Fleetwoo	d Avenue			212	214		United	States
if, or liams 23s Examiner must by Funeral		Marital Status Nevar Married 2 Ma Widowad 4 Divorce	rried Armed F	2 🔀 No live		Was Decedent of Yes, specify C	of Hispanic Origin? (Cuban, Mexican, Pue No Specify:	Specify Yas or N rto Rican, etc.)	No- 14. Rad Bled Specify	e - American Indian, ck, White, etc. w: White
Completed		15. Decede (Specify only high	nt's Education)	(Give	dent's Usual Oc	ne during most of we	orking	16b. Kind of B	usiness/Industry
ompl		Elementary/Secondery (0-12)		(1-4or 5+)	Homen	DO NOT use re	tired)		Own H	ome
To Be	1	7. Father's Nama (First, Middle Harry D.		Bush	Tromen	ilaker	18. Mother's Na Edith	Pearl	le, Maiden Suman Denn	10)
T T T T T T T T T T T T T T T T T T T		19a, Informant's Name/Relation Mrs. Jean Weber/Da		206	7613	Daniels patient (Name of		Baltimore,	Maryland	21234
ortant: If flom injury or othe 38.		20a. Mathod of Disposition 1 □ Burial 2 □ Cremation 4 □ Donation 5 □ Other (3	Specify)	State Mor	cematery, cret celand Me	metory or other	place) ark	6/28/97	Baltimore	city or Town, Stata Maryland
any in	1	21. Signature of Funeral Service	Licensee Brian	A. Wille			rd Road Bal			al Home, Inc. 1214
nording priystolan end un use es the buriel-transit audit with the state of the sta		Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, fany, leading to Immediate cause. Enter Undarlying Cause (Disease or Injury that initiated events resulting in death) Last	a,	Due to (or as a consector as	quence of):	CAN	CER		6 Mant
be detached for by Physicia	F	Part II. Other significant conditi	ons contributing to	death but not re	sulting in the u	nderlying cause	given in Part I.		d tobacco use co	ntribute to the cause of dea
page 2 should be de Completed by [24a. Wa	as an autopsy formed?	24b. Were eutopsy finding available prior to completion of cause of death?
pi 2s								10	Yes 2 No	1 ☐ Yes 2 ☐ No
r, page 2 s				Inpatient 2	ER/Outpatier	nt 3 DOA	Other	Home 5 No.	vone) sidence 6 □Oth	er (Specify)
rector Be	2	25. Wes case referred to medical examiner? 1 ☐ Yes 2 No	Hospital:						e how injury occur	
al director.	2	examiner? 1 Yes 2 No 7. Manner of Death 1 Naturel 5 Pendi	28a. Date (Morigation Inot be 28e. Place	of Injury ofh, Day Year) e of Injury - At h ling, etc. (Speci	28b, Time of injury	1	I ☐ Yes 2 ☐ No		(Street and Numb own, State)	per or Rural Route Number,
al director.	2	examiner? 1 Yes 2 No 17. Manner of Death 1 Naturel 5 Pendi Invest 2 Accident Invest 3 Suicide 6 Could detarr 29a. Certifier 1 Certifyi	ng igation not be nined 28e. Plac build 28e. P	e of Injury - At hing, etc. (Special of the control	injury	M 1 reet, factory, offi	I Yes 2 No	City or T	own, State) e cause(s) and ma	per or Rural Route Number,
al director.	2	examiner? 1	ng igation not be nined 28e. Place build place in the Examiner: On the band mail	e of Injury - At hing, etc. (Speci	injury	M neet, factory, offi	I Yes 2 No	City or T	e cause(s) and ma e, dete and plece,	per or Rural Route Number,
director director	2	examiner? 1	ng igation not be nined 28e. Place build place in the Examiner: On the band mail	e of Injury - At hing, etc. (Special of the control	injury	M 1 reet, factory, offi n occurred at the vestigation, in m 29c. Lice	Yes 2 No	City or T	e cause(s) and mag, dete and plece, 29d. Data signe	per or Rural Route Number, anner as stated. end due to the cause(s)
al director.	2 2 3	examiner? 1	ng igation not be mined 28e. Plac build ng Physician: To the Examiner: On the band mailer	e of Injury - At hing, etc. (Special basis of examination stated.)	injury nome, farm, str owledge, death atton and/or in m 23a) (Type,	M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes 2 No ce e time, date and place by opinion, death occurrence	City or T	e cause(s) and ma e, dete and plece, 29d. Data signe	per or Rural Route Number, anner as stated, end due to the cause(s) d (Month, Day, Year)

State of Maryland / Department of Health and Mental Hygiene

19426

					Cer	tificate o	f Deat	h		Reg. No.		12720
Physic		1. Decedent's Neme (First, Middle, Li	^	HUTC	HINI	c			2. Dete of De Month JUNE	eth Dey	Yeer	3. Time of Death
/Medi Exami		4e. Fecility Neme (If not institution, git			171.0.		-	Town, or L	ocation of Deeth			
Funeral Director		Sociel Security Number 6. 8	Sex 7. / 1 □ M 2 □ F	Age (In yrs. last	birthday) Yrs.	If Under 1 Year Months Dey	r If Und	er 24 Hrs.		th y, Year)	9. Birthp	lece (Stete or Foreigr try)
		Usual Residence of Decedent							109-10	-30	1.1	u •
Marylan H show	tor	Md. 10b. County		10c. City, To Balt							1	Od. Inside City Limits XXYes 2 □ No
r 284	Director	10e. Street end Number				10f. Zip Code				10g. Citizen of	Whet Coun	itry?
h wit		2306 Guilfor	d Avenue	2		212	18			USA		
72 hours after death with the Maryland nature!', or items 23a or 28a-f show dical Examiner must be notified at	by Funeral	11. Maritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Deceder Armed Forces 1 Yes 2 ht Yes, Give Yeer or Detes	s? ∄No		Ves Decedent of Yes, specify Cu Yes 24 N			pecify Yes or No Rican, etc.)	14. Rec Ble Specif	ce - Americ ck, White, y:	
n 72 hours netural',	ted	15. Decedent's E	ducation	10	6e. Deced	lent's Usual Occ	upetion			16b. Kind of B		
C 2	Completed	(Specify only highest gri	College (1-4o	or 5+)	life. L	kind of work don OO NOT use reti	e during mi red)	ost of work	ang	Addre	ssaq	ram
filed within Hygiene. ther than ent, the Me	OT	12th Grade	4yrs.		Com	puter	Prog	ramm	er	Multi		
0 = 0 5	Be	17. Fether's Name (First, Middle, Last	•						e (First, Middle,	Meiden Sumar		
should band band Mente	To	Carey Willis	, Sr.				Cla	ara		Pend	leto	n
AS DE E		19e. Informent's Name/Reletionship	(Type, Print)	1	9b. Mallin	g Address (Stre	et end Num	ber or Rur	ral Route Numb	er, City or Town,	Stete, Zip	Code) 21218
5 m 2 F		Frank Hutchin	S	- 2	2306	Guilf	ord i	Aven	ue Bal	timore	, Ma	ryland
of Heal of Heal fitem 2 r other		20e. Method of Disposition		20b. Plece	of Dispos	sition (Neme of netory or other p	(ece)		Dete	20c. Location	City or To	wn, Stete Md.
n - = 0		1 Burial 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Speci	□Removel from Stat fv)	(O		ill Ce		6-26	-97	Anne	Δνιι	ndel Co.
		21. Signeture of Funcion Stryios Lice		7		. Neme end Add				re, Ma		
Departir Departir Importa any inju		VA H	-1	h								
		93a. Part 1. Effer the disease, or com shock, or heart failure. List only	posications that cause	the death C		M.C.Ma					Ave	nue 2120
icate be seed too physicians the burial-transit	dicai Examiner	resulting in deeth) Sequentially list conditions, if ery, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest	b. HEM	Due to (or es Due to (or es	e conseq	uence of):	STN	014	5			IDAY
as that the death certifical igned by the attending phi be datached for use as th	Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributing to death but not resulting in the underlying cause given in Pert I.									ntribute to the cause of d		
been should	Completed by							10.		en autopsy ormed?	CO	ere autopsy findings eileble prior to mpletion of cause deeth?
0 - 6	E								10	Yes 2 No		Yes 2 No
	0	25. Wes case referred to medical					OC DIA	as of Door				2 100 2 2 100
	OB	examiner?	Hospitel:	·	2		ther:		th (Check only o		40. "	,
	-	27. Menner of Deeth	1 Inpa		Outpetien o. Time of	1 3LI DOA	4 🗆	Nursing Ho		dence 6 □Oth how injury occur		v)
eath. or: After tha funer	tion	1 ☑Naturel 5 ☐ Pending	(Month, D		Injury	28c. Inj W	ork? □ Yes 2[¬No	200. 00001100	now injury occur		
	Certification:	2 Accident investigatio 3 Suicide 6 Could not be determined	28e. Piece of I	njury - At home, etc. (Specify)	, ferm, stre	eet, factory, offic			28f. Location (City or To		per or Rura	I Route Number,
Hospital 4 hours Funeral	edical C	29a. Certifier (Check only one) 12 Certifying Pt 2 Medical Exam	nysician: To the bes miner: On the basis end menners	of examinetion	ige, deeth end/or inv	occurred at the estigation, in my	time, dete	end place, seth occur	and due to the red et the time,	ceuse(s) end m date end piece,	enner es si and due to	teted. the ceuse(s)
To the Vithin 2 To the complaint	×	29b. Signature and title of partified				-	nse numbe			29d. Date signe	d (Month,	Day, Year)
r (ewith	Mo				298	47	-	JUNE	21,	1997
4		DAVID HARTER	completed cause of	death (Item 23d	(Type, I	Print)	r. 13	חבח	MONE	MD ?	1120	13
Sta Registr		31. Dete filed (Month, Day, Yeer) JUN 18 1997		idson-Ran								

DHMH 16 Rav 6/95



PER DR.
FOR 9-748 6-26-97 eo STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR I TEM: 24a, 25, 26, 19b per FH G-7 SERTIFICATE OF DEATH

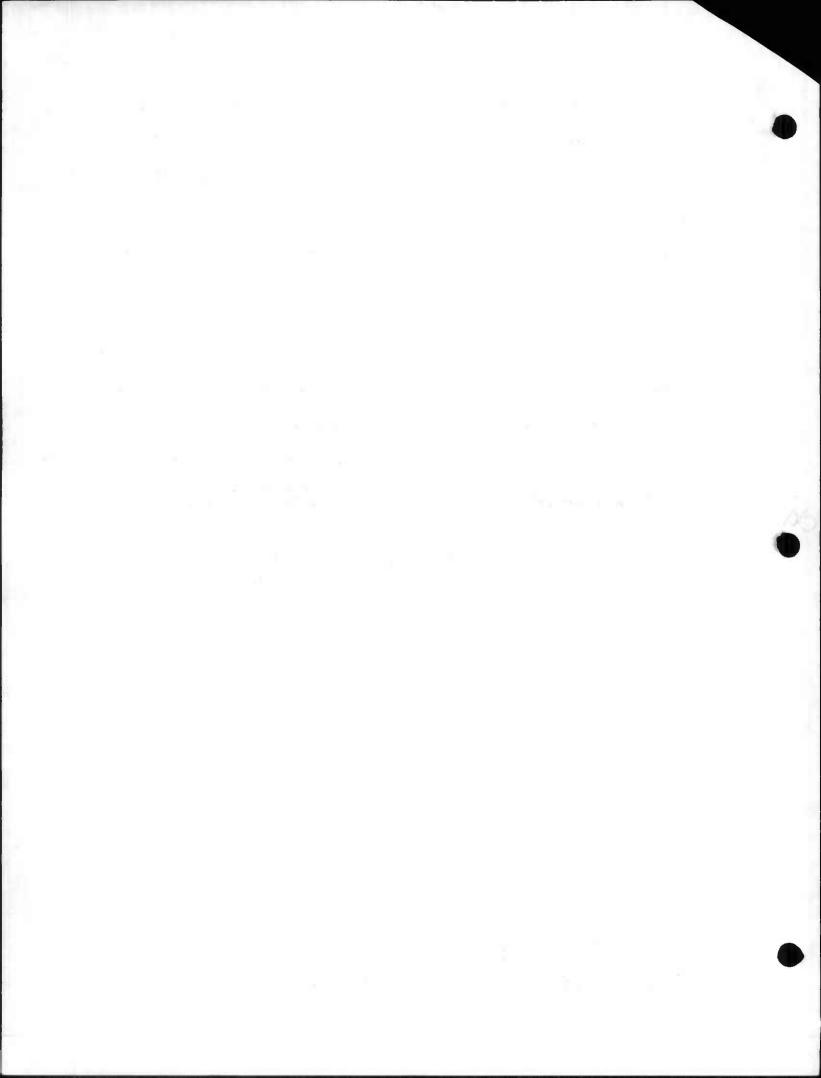
REG. NO. 1 -

i	1. DECEDENT'S NAME (First,	Middle, Last)		- /-7	_					2. DATE O	F DEATH DA	ly.	YEAR 3.	TIME OF DEATH	
	ALIC	<u> </u>	K. HI	ECH1						6	5		97	1136 PM	
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. las	MONT		1 YEAR			7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLA Country)		ACE (State or Foreign	
	095-20-4693		1 🗆 M 2 🖵 F	76	YAS.					Nov.	7, 1	920	Germa		
~	9a. FACILITY NAME (If not ins	-		T		l .		OR LOCATI	ON OF DE	ATH			altim		
ğ	Manor Care		n Service	es, Inc.		10)WSO	n				D	altim	016	
DIRECTOR	10a. STATE	10b. COUNTY	Y		10c. CIT	Y, TOWN C	OR LOCAT	TION					10-	d. INSIDE CITY	
10	Maryland	Balti	more Cit	V	E	Balti	more	2					15	LIMITS?	
AL	10e. STREET AND NUMBER							. ZIP CODI	E			10g. CITI2	EN OF WHA	T COUNTRY?	
FUNERAL	6000 Ivyden	e Terr	ace					2120	19			U	S.A.		
5	11. MARITAL STATUS 1 Never Married 2	Married		T EVER IN U.S. AR						IIC ORIGIN? n, Puarto Ric	(Specify Yes	or No-		American Indien, hite, atc.	
ВУ	3 Widowed 4 Divor		IF YES, GIVE V	AR OR DATES X				2 NO					Specify:	White	
		EDENT'S EDU		18e. DE	CEDENT'S	USUAL O	CCUPATION	ON		16b. I	(IND OF BUS	SINESS/IND			
COMPLETED	(Specify only Elementary/Secondary (0-	highest grade	College (1-4 or 5	(G life.	Do NOT us	work done se retired.)	during mo	st of working	ng						
APL	10		0	Seamstress Private											
000	17. FATHER'S NAME (First, Mir Robert Kah							18. MOTO	HER'S NAI	ME (First, Mil	ddle, Maiden USS	Surname)			
BE									_						
2	19a, INFORMANT'S NAME (7)		J	719	MAILING	ADDRESS	S (Street a	Ind Number	COLL	Poute Numbe	r, City or Town	n, State, Zip	Code)	ado80120	
	Dorris Hea		daugnter						Cou						
	1 🗆 Burtel 2 🗆 Cremation	n 3 🗌 Ram	oval from State	cemetery, cre			HTION (N	ame of		DATE	20c, LO	CATION —	Cify or Town,	State	
	21. SIGNATURE OF UNERAL SERVICE LICENSEE Ronald S. Wade, Director State Anatomy Board, 655 W. Baltimore St.														
- 1	Marra	Kona	Id S. Wa	ie, Dire	ctor						d 212		Daiti	more st.	
-	23. PART I. Enter the di	Senson or	complications the	t caused the de	eth Do				•					} ^	
	23. FART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart feilure. List only one cause on each line. Approximate interval Batween Onset and Death														
											Chaet and Death				
	disease or condition														
Z	Sequentially list conditions b.														
CERTIFICATION	Sequentially liet conditions, If any, leading to immediate Cause Enter LINEGUE OF:														
S	CAUSE (Disease or Injury CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):														
Ē	that initiated events resulting in death) LAS	r													
S		_	d										_	+	
EDICAL	PART II. Other algoritical	nt condition	e contributing to	deeth but not r	eeuiting	g in the underlying ceuse given in Pa				Part I. 24s. WAS AN AUTOPSY PERFORMED?			AM	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ŏ														COMPLETION OF CAUSE OF DEATH?	
Σ	DID TORACCO H	CE CONIT	DIDLITE TO CA	LICE OF DEA	TII VI		NO F	7 11812	CEDTAIN				1 (YES 2 NO	
AN	DID TOBACCO US		KIBUTE TO CA						EKIAI	1 1					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input lent 2 ER/Outpet lent 3 DOA 3 No 1 Norsing Home 5 Residence 8 Other (Specify)														
H	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIN	E OF	28c. IN.	JURY AT	esiderica		RIBE HOW I	NJURY OCC	URED		
ВУ Р		Pending Investigation	(Month, L	ay, Year)	in.	JURY M		YES 2	□ NO						
		Could not be	28e. PLACE (F INJURY — At he atc. (Specify)	me, term,	street, fec	tory, offic	:0			FION (Street a		or Rural Rout	e Number,	
	4 Homicide	datermined		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						J., J.					
PLE		IFYING PHYS	ICIAN: To the best o	my knowledge, de	ath occurr	ed at the t	fime, dete	and place	, end dua	to fhe caus	e(s) and mai	nner as stat	ed.		
COMPLETED	one) 2 MEDI	CAL EXAMINE	R: On the basis of a	xamination and/or	Investigation	on, in my o	opinion, o	death occu	red at the	fime, data a	ind place, an	d due to th	e cause(a) ar	nd manner se stated.	
ш	29b. SIGNATURE AND TITLE	OF CERTIFIE	R	-3				29c. LIC	ENSE NUM	MBER		29d. DATE	SIGNED (M	onth, Day, Year)	
TO B	A ME								D24877 \ 6.10.97. Baltimere, MO 21707						
-	30. NAME AND ADDRESS OF		ncty	0 1	M 27) (Type	, Print)	0-	11.		Λ	0 0	100	7		
	21 DATE EILED (14-1)		- Con	Bollero	nd,		Da	tten	we	· /V	W 2	1601			
	JUN 26 1997	rodr)	grana David	ion-partone	6										
	2011 11 0 1001	<u>u</u>													

State of Maryland / Department of Health and Mental Hygiene 9

19428

						Cei	rtificate of	Death		Reg. No.		
	Dhuala		1. Decedent's Name (First, Middle, La						2. Dete of Dee	eth Dey	Yeer	3. Time of the
	Physic /Medi		Lillian C.	Hughes					June		97	6:25 PM
	Exami		4e. Fecility Neme (If not Institution, gir	e street end numb	ber)			4b. City, Town, or	Location of Deeth			
			683 Hook Road					Westmin		Car	roll	
	Funeral			Sex 7. 1 □ M 2X0 F	. Age (In yrs.		If Under 1 Year Months Deys		8. Dete of Birt (Month, De	h v, Year)	9. Birthp	plece (Stete or Foreign htm) YLand
e .	Director		219-22-8991	10 M 2001	68	Yrs.			June 26	,1928	Mari	<i>jland</i>
	and and		Usuel Residence of Decedent 10a. Stete 10b. County		10c. Cit	v. Town or Lo	ocation				1	Od. Inside City Limits
	Manyl	0	Baltimore N/A			Pal	ltimore					1 ☑ Yes 2 ☐ No
	the 1288	Director	10e. Street end Number			ВШ	10f. Zip Code		T	10g. Citizen of	What Cour	ator?
	With With	Ö	4810 Frankford	Luonilo			1011 2.10 0000	21206			I.S.A.	
	Jeath 22	Funeral	11. Meritel Status	12 Was Daced	ent Ever in U	.S. 13. 1	Was Decedent of	Hispanic Orlgin? (S ben, Mexican, Puerl	pecify Yes or No-		e - Americ	
0	offer A		1 Never Married 2 Married	Armed Forc	es?		4.4		o Rican, etc.)		ck, White,	
02	filed within 72 hours efter death with the Maryland Hygiene. ther than "natural", or flems 23a or 28a-f show ont, the Medical Exeminet must be notified at	by	3 X Widowed 4 □ Divorced	If Yes, Give Yeer or Dete	es:		1□ Yes 2🗓 No	Specify:		Specif	". Whi	te
215-0020	"netural",	Completed	15. Decedent's E (Specify only highest gr	ducation		16a. Deced	dent's Usual Occu	petion	tina	16b. Kind of B	usiness/ind	dustry
7	This is	npie.	Etementary/Secondary (0-12)	College (1-4	lor 5+)			during most of world)	Anig			
7	filed w Hygier ther th	S	12th grade		-	Н	omemaker				Own t	tome
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Maryland	C/ c/ c/ c/		19e. Informent's Neme/Reletionship (Kathleen Primro		1+041			id Road,				
	of Health of Health f Item 27 r other tr		20e. Method of Disposition	se laungr			esition (Neme of	ca Roaa,			21236	
Baltimore,			1 Buriel 2 Cremation 3		C	am etery, crer	netory or other ple	em'l Gar.	Dete	20c. Location		
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e C	Depa mpo my li		21. Signeture of Funeral Servica Lica	nsee		22	S. Name end Addr S. Chumunel	ess of Fecility 2 Funeral	Homes.	Inc.		
Ĺ			WWWIHA	u		9	9705 Belo	iir Rd.,	Baltimor	e, MD	21236	5
			23a. Pert1. Enter the diseese, or com shock, or heert feilure. List only	plications thet cau one ceuse on eac	ised the deet th line.	h. Do not ent	er the mode of dy	ing, such es cardied	or respiretory er	rest,		Approximete Interval Between
	Physician /Medical		Immediate Cause /Final					,				Onset and Deeth
	Examiner		Immediate Cause (Final disease or condition resulting in death)	e. ((vai	MOM	ag	Lung				14002
		P .	DATE: STORE !		Due to (o	or es e consec	quence of):	2				
	nsit	Examiner		b			,					
	lcian end buriel-tren	Exa	Sequentietly list conditions, if eny, teeding to immediate cause. Enter Underlying Cause (Disease or injury		Due to (o	r es e conseq	juence of):			•	į	
2	slcial buri		that initieted events	C	Due to /o	r es a conseq	was aft.					
2	a physical distribution of the second of the	Medical	resulting in death) Lest		Due to (o	es a conseq	uenca oi):					
š	anding use esu			d								
n	res that the death of signed by the attention leed detached for u	Physician	Pert II. Other significant conditions of	contributing to deat	th but not resi	ulting In the u	nderiving cause of	iven In Pert I	23b. Did t	obacco usa co	otribute to	the cause of death?
2	by the	hys								res 2 No	3 Prot	
S,	s that	by F									1	
cords	- 0, 0									an eutopsy med?	24b. We	ere eutopsy findings ellabte prior to
o C C	S S	piel							репо	illiou i	CO	mpletion of cause death?
r	0 - 0	Completed							1 D Y	es 2 XNa	10]Yes 2□No
VITAI		Be C	25. Wes case referred to medical					26. Plece of Dec	eth (Check only o	ne)		
	5 00	To	exeminer? 1 ☐ Yes 2 🕅 No	Hospital: 1 Inp	patient 2	ER/Outpatien	t 3 DOA Ot	her: 4 Nursing H	lome 5 Resid	lence 6 Oth	er (Specify	y)
n 01	Attending Ph or death. ector: After th by the funerel		27. Menner of Deeth 1 Colaturel 5 Pending	28a. Dete of (Month,	tnjury Dey Year)	28b. Time of injury	28c. Inju	ary et	28d. Describe h	ow Injury occur	red	
DIVISION	Attending or death. ector: After by the fune	atio	2 ☐ Accident investigetio	n				Yes 2□No				
Ž	or Att	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	e 28e. Ptece of building	Injury - At ho , etc. (Specify	ome, farm, str	eet, fectory, offica		28f. Location (S City or Tow	Street end Numi m, Stete)	oer or Rura	al Route Number,
ב	ral D											
	To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funer	edicai	Check only 2 Medical Exar	niner: On the besi	is of exemine	wledge, deeth tion end/or inv	occurred et the ti vestigation, in my	ime, date end plece opinion, deeth occu	, end due to the o	euse(s) end medete end plece,	enner es si end due to	teted. the cause(s)
	ithin the	Med	one) 29b. Signeture end title of cartifier	and menne	r stated.			se number		29d. Dete signe		
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	_		www.	waster r	0)		D	15546		June!	24, 6	14 (
	15		30. Name end eddress of person who	completed cause	of deeth (Item	23e) (Type,	Print)	Baltin	dik dik	715	25	
			31. Dete filed (Month, Day, 1962)	My 500	Halaca Sign	LIKEDE	M AME	, DOUTIN	ea in	2 212	7	
	Sta Registr	-	JUN 26 1997	gunarion	dages of	- Induca						



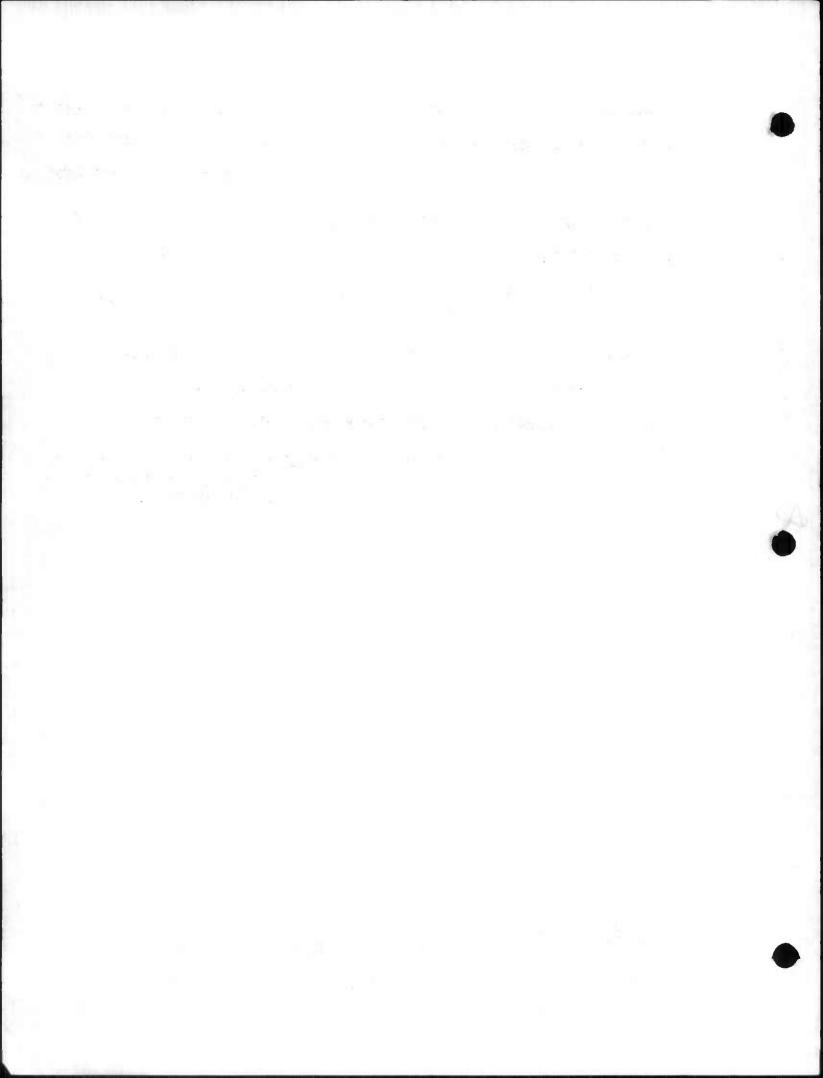
State of Maryland / Department of Health and Mental Hygiene 9 7

					Ce	rtificate d	of Death		Reg. No.		
Db		1. Decedent's Name (First, Middle, L.	nst)					2. Dete of D	Deeth Day	Year	3. Time of Deeth
Physician Medical/		RUTLEDGE	В.	HARRIS	S			JUNE		997	5:45 AM
Examiner		le. Facility Neme (If not Institution, gi	ve street end number)			4b. City, Town, o	r Location of Dea	ith 4c. County	of Deeth	
	ı	VA MARYLAND HE	ALTH CAR	RE SY	STEM		FORT H	HOWARD		BALTI	MORE
eral			Sex XXM 2□F		lest birthdey)	If Under 1 Ye		n. (Month, L	Birth Dey, Year)	9. Birth	plece (Stete or Foreign H CAROL INA
ector	-	240 20 0000	NAM 2LIF	70	Yrs.			APRIL	1,192	NORT	H' CAROL INA
-	-	Usual Residence of Decedent 10a. Stete 10b. County		10c City	, Town or Lo	cation					10d. Inside City Limits
5	Ι.	MARYLAND N/A		-		RE CITY	,				1)∑1)¥es 2 □ No
Directo		10e. Street and Number		Di	AL I INO				10- 00	140	
al Director			uic.			10f. Zip Cod			10g. Citizen of		ntry?
Funeral	-	3405 HOLMES AVEN	12. Was Decedent	Ever in 11	C 12		L217	(Coooih, Voc or h	U.S.		can Indian,
Š		1. Meritel Stetus 1 □ Never Merried ★ Merried	Armed Forces	?	3. 13.	f Yes, specify C	of Hispenic Origin? (Cuben, Mexican, Pue	erto Rican, etc.)	Bla	ck, White,	etc.
þ		3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Dates:		7	1 □ Yea 2 🗓	No Specify:		Specif	BLA	ACK
8	-	15. Decedent'a E		, .	16a Dece	dent's Usual Oc	cupation		16b. Kind of B		
Completed	-	(Specify only highest gi	ade completed)		(Give	kind of work do DO NOT use re	one during most of w stired)	orking			,
E		9th grade	College (1-4or	5+)	Custo	dian			Labor	er	
Be C	3	7. Father's Neme (First, Middle, Las)				18. Mother's N	ame (First, Middl	le, Melden Sumer	ne)	
ToB		Robert U. Harris	;				Maude	A. Ale	xander		
out of		19e. Informant's Neme/Relationship	(Type, Print)		19b. Maille	ng Address (Str	reet end Number or I	Rural Route Num	ber, City or Town	, Stete, Zip	Code)
1		Mary A. Newman/[aughter		3816	Cedar [Drive, Bal	timore,	Marylan	d 212	207
5	2	Oa. Method of Disposition		04	lace of Dispo	sition (Neme or netory or other	f nlece)	Dete	20c. Location	- City or To	own, State
7 0		MBurial 2 ☐ Cremation 3 [4 ☐ Donation 5 ☐ Other (Special					VETERANS	6-27	OWINGS	MILLS	, MARYLANI
발	1	21. Signature of Funeral Service Lice				Address of Facility WILLIAM C. BROWNCOMMUNITY F/H					
88		1	7	0,1					ORTH AVE		
	+	23e. Part1. Enter the disease, or con	plicetions that cause	d the death	n. Do not ent	er the mode of					Approximate
cian		shock, or heart feilure. List only	one ceuse on eech l	line.			,				Onset and Death
ical		Immediate Ceuse (Finel	DIII MON	VC VI	EMBO	TCM				i	
ner		disease or condition resulting in death)	e. PULMO		es a consec						
कूं	1			D00 t0 (0)	es a consec	(uerice oi).					
Examiner	Ι,	Sequentially list conditions	b. ———	Due to (or	as e consec	uence of):				1	
		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury		(0.		,					
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2	Ι'	resulting In deeth) Last									
			d								
be detached for us by Physician	F	Pert II. Other significant conditions	contributing to death t	but not resu	ilting in the u	nderlying cause	given In Part I.	23b. Di	d tobacco use co	entribute t	o the cause of death?
hysic								10	Yes 2 No	3 □ Pro	bebly 4 Unknow
d be del	٠ ٠	LEFT HIP FRAC'	CURE					-			
		CHRONIC ETOH	DEPENDEN	CY				24e. Wa	s an autopsy formed?	av	ere eutopsy findings vallable prior to
N Q	-	0111101120 22011								of	ompletion of cause death?
rector, page Be Com								15	Yes 2□No	11	□Yes 2□No
Be C		25. Was case referred to medical					26. Place of D	eath (Check only	one)		
To E		axaminer? 1 ☐ Yes 2 ☒ No	Hospitel:	ient 201	ER/Outpatier	nt 3 DOA	Other: 4 Nuraing	Home 5□Re	sidence 8 Ott	ner (Specia	fy)
		7. Manner of Death	28a. Dete of Inju	ury	28b. Time o	28c. I	njury at Work?	28d. Describe	e how injury occur	rred	
the fune		1 ☑ Naturel 5 ☐ Pending investigation		ay (oai)	injury		1 Yes 2 No				
d in by the		3 ☐ Suicide 6 ☐ Couid not I determined	286. Place of in	jury - At ho	me, farm, str	eet, fectory, offi	ice		(Street end Numi	ber or Run	al Route Number,
completely filled in by the funera			bullung, e	tc. (Specify	,			July Of 1	, 0.010/		
Sal	1	29e. Certifier (Check only 2 Medical Exa	nysician: To the best	of my know	vledge, deetl	occurred et the	e time, dete and pla	ce, end due to th	e cause(s) and m	anner as s	stated.
edical	L	one) 2 Medical Exa	niner: On the basis of and menner at	n examinati tated.	ion and/or in	vestigetion, in n	ny opinion, death oc	curred et the time	e, dete end place,	and due to	o the cause(s)
Σ		29b. Signeture and title of confiden				29c. Lic	ense number		29d. Dete signe	ed (Month,	Day, Year)
		* Wtelu	iau a	7	•	10/1	1983		JUNE 2	24,1	997
	3	0. Neme and address of person who	completed cause of	deeth (Item	23a) (Type,	Print)	u l u -				

State Registrar

31. Dete filed (Month, Dey, Year)
JUN 2 6 1997

CHRISTINA FELICIANO, M.D. 9600 NORTH POINT RD FORT HOWARD, MD 21052 funa Jay doon-Randelle



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9430 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month Day Jesselyn L. Harris 25, 1997 June 8:00 pm 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Meridian Franklin Woods Rosedale Baltimore 5. Social Security Number if Undar 1 Year | If Undar 24 Hrs. 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplace (State or Foreign Country) Months Days 1 □ M 2 🖫 F Hours 90 176-05-2439 Yrs. June 13,1907 Pennsylvania Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore Essex 1 Yes 2 XNo 10f. Zip Code 10g. Citizen of What Country? 303 Liberty Rd. 21221 U.S.A. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Black, White, etc. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Never Married 2 Married Yes 2 No Specify: White 1 Yes 2 No Specify: 3 ☐ Widowed 4 ☐ Divorced Year or Dates: 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Aerospace Assembly Line Worker 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) Milton Lawyer Ada Becker 19a. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Numbar or Rural Route Number, City or Town, State, Zip Code) Vernon Crouse (Grandson) 303 Liberty Rd. Baltimore, Md. 21221 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or othar place) Date 20c. Location - City or Town, Stata 1 X Burial 2 ☐ Cremation 3 ☐ Removal from Stata 6/28/1997 Oak Lawn Cemetery Baltimore Co. Md. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses 22. Name and Address of Facility Bruzdzinski Funeral Home P.A. 23a Part 1. Enter the disease, or complications that caused the daath. Do not enter the mode of dying, such as cerdiac or respiratory arrest, mock, or heer failure. List only one cause on each line. Approximata Interval Between Onset and Deeth Immediate Cause (Final (or as a consequence of): Dua to (or as a consequence of) TCX Due to (or as a consequence of): 23b. Did tobacco use contributa to the cause of death? 10 Yes 2□ No 3 Probably 4 Unknown

Physician /Medical Examiner

burial-transit

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page 2 has certificate

this funeral

After t

s after death. the

To the Hospital within 24 hours a To the Funeral C Hospital

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Physician/Medical Examiner

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Completed

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Certification: To

Physician

/Medical

Examiner

10a. State

Maryland

11. Marital Status

10e. Street and Number

Funeral

Director

items 23a or 28a-f show

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natural',

Hygiene.

Pages 1 and 2 should be fill ment of Health and Mental Ham; if item 27 Is merked other or other traumetic even

the Medical Examiner must be notified at

Director

Funeral

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death v

filed within 72 hours after

Baltimore, Maryland 21215-0020

Box

P.0.

Division of Vital Records,

The law requires that the death

or Attending Physician:

Sequentially list conditions, if any, leading to immediata ceusa. Enter Underlying Cause (Disease or injury thal initiated events resulting in death) Last

disaase or condition rasulting in death)

Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 25. Wes case referred to medical 26 Place of Death (Check 27 3 Sulcide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homicide

24b. Were autopsy findings available prior to completion of ceuse of death? 24e. Wes en autopsy performed?

1 🗆	Yes	2 No
		-

Oi Geatiir		
1 Yes	2□ No	

examiner?			Ed. 1 lade of Death Orlock only only							
1 Yes 2N No	Hospital: 1 Inpatient	2 ER/Outpatient	3□ DOA	Other: 4 Hursi	Ing Homa	5 Rasidence	8 Other (Specify)			
Manner of Deeth Tatvatural 5 Pending Accident investig	28a. Date of Injury (Month, Day Yea	28b. Time of Injury	28c. I	Injury at Work? 1 ☐ Yes 2 ☐ No	28d	. Describe how inj				

28f. Location (Street and Number or Rural Route Number, City or Town, State)

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end menner es stated.

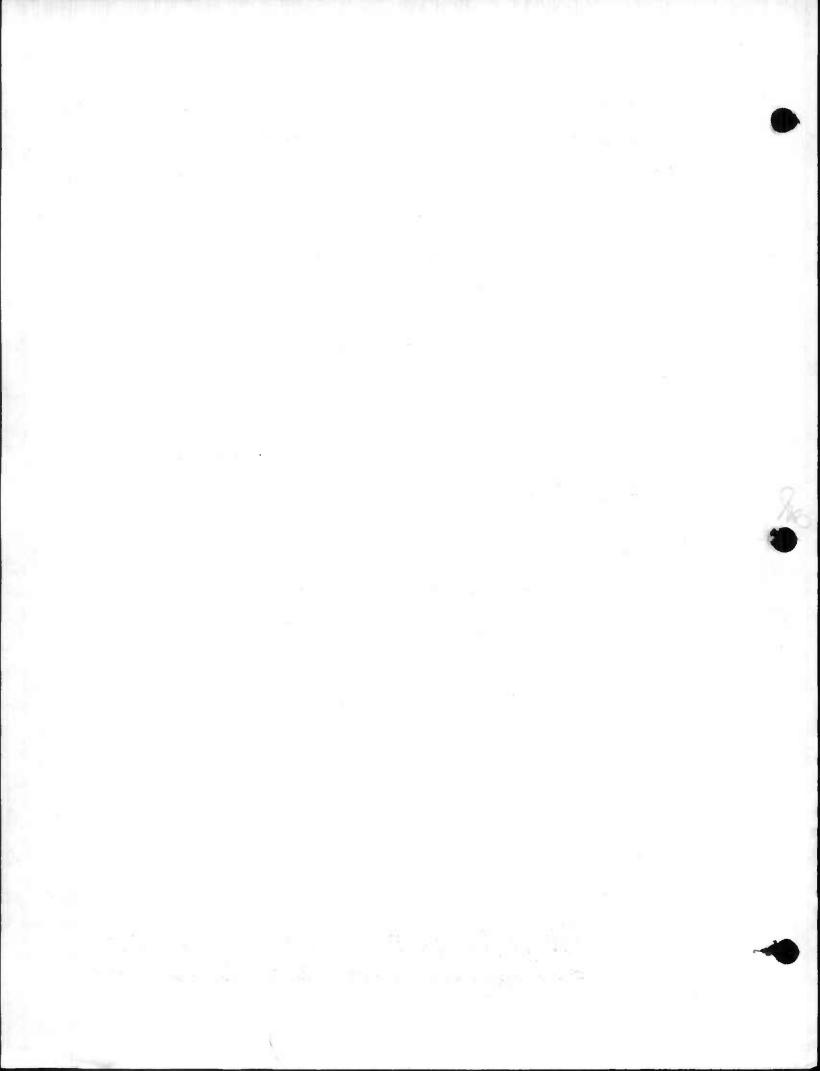
| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29a. Certifier (Check only one)

29b. Signature and title of certific 29c. License number 29d. Data signed (Month, Day, Year)

30. Name and address of person

gause of death (Item 23a) (Type, Priht) 31. Date filed (Month, Day Year)

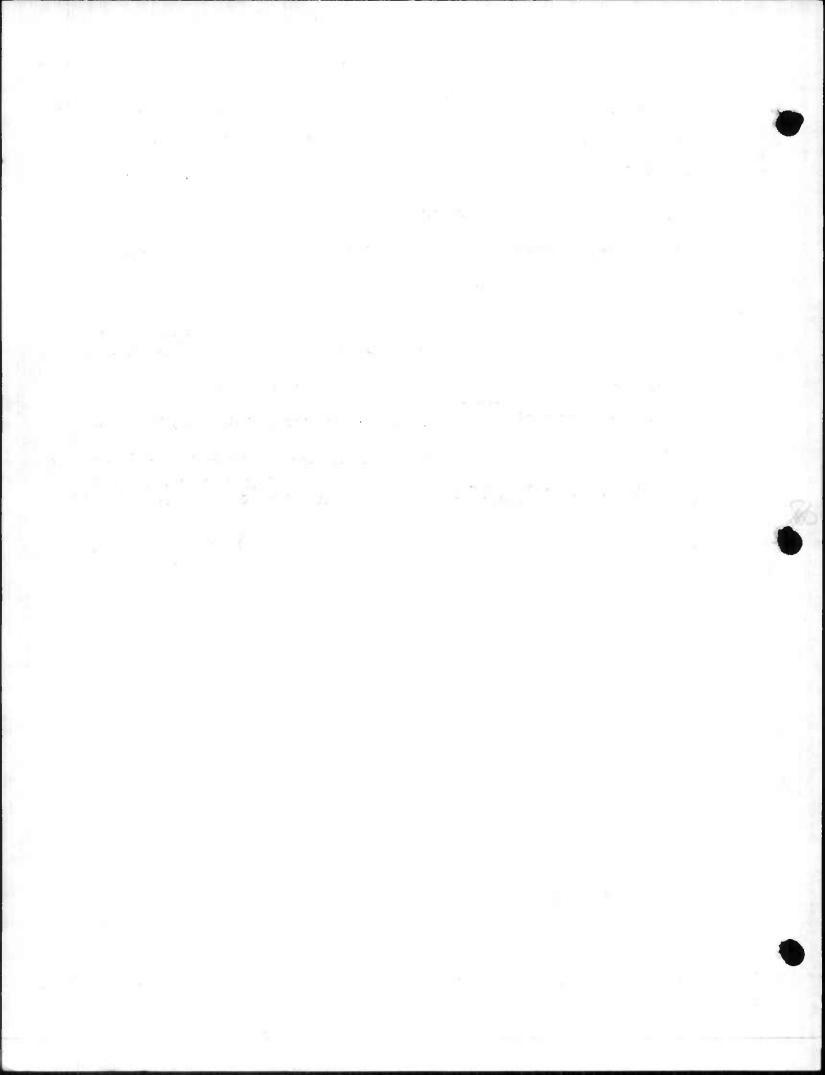
State Registrar



State of Maryland / Department of Health and Mental Hygiene 0.7

		Decedent's Neme (First, Middle, Las	t) 1.			ificate of	Death	2. Dete of De	Reg. No.		3. Time of Deeth	
Physicia		mary W.	Hau	rsy	on			Month	Death Day Year 3. Time 2 1997 9. Birthplece (Stete Country) 20,1900 MD. 10d. Inside (Stete Country) 10g. Citizen of Whet Country? U.S.A. 10g. Citizen of Whet Country? U.S.A. 10g. Citizen of Whet Country? U.S.A. 10g. Citizen of Whet Country? U.S.A. 10g. Citizen of Whet Country? U.S.A. 10g. Citizen of Whet Country? Black 16b. Kind of Business/Industry Baltimore City Public Schools 10g. City or Town, Stete, Zip Code 10g. City or Town, Stete, Zip Code 10g. City or Town, Stete 2129 20g. Location - City or Town, Stete 2129 20g. Location - City or Town, Stete 2129 20g. Location - City or Town, Stete 2121 2129 2121 2129 2121 2129 2121 2129 2121 2129 2121 2129	9.0000		
/Medic Examin		4e. Fecility Neme (Inot institution, give			er		4b. City, Town, o	r Location of Deel			,	
Funeral Director		5. Sociel Security Number 6. Se	7. Ag		lest birthdey)	If Under 1 Year Months Deys	If Under 24 Hr Hours Min	n. (Month, D	rth ey, Year) 20,1900		e (Stete or Fore	
*		Usual Residence of Decedent 10e. State 10b. County		100 04	y, Town or Loca	Alexa .		1149				
Sa-f sho	ctor	MD. N/A			timore	ition				10d.	Inside City Lin	
23a or 2	Funeral Director	34 N. Ellamont St	reet			10f. Zip Code 21229			_		?	
o de	by	11. Marital Stetus 1 □ Never Married 2 □ Married XXWIdowed 4 □ Divorced	12. Was Decedent Armed Forces? 1 ☐ Yes 2○X If Yes, Give Yeer or Dates:			Vas Decedent of Hispanic Origin? (Specify Yes Yes, specify Cuben, Mexicen, Puerto Ricen, et al. Yes 2000 Specify:				ck, White, etc	hite, etc.	
ene. than "natu he Wedical	Completed	15. Decedent's Edu (Specify only highest gred	le completed)	cetion completed) College (1-4or 5+) 16e. Decedent's Usuel Occ (Give kind of work dor life. DO NOT use reti						altimore City		
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nd Mental Hygi marked other matic event, I	To Be	Henry Redd						Carter		,		
th and Mental F		19e. informent's Neme/Reletionship (7)	vpe, Print) daug	hter	19b. Mailing	Address (Street	end Number or F	Rural Route Numb	per, City or Town	Stete, Zip Co	ode)	
분 P 는		Charlotte R. Mar	shall		34 N.	Ellamor	nt Stree	t Baltim	ore, MD	. 21229	9	
Department of Health Important: If Item 27 any injury or other tr once.		20e. Method of Disposition 1 □ Buriel 2 □ Cremetion 3 □ F 4 □ Donetion 5 □ Other (Specify)				ion (Name of tory or other ple		June 26				
Department of important: If it any injury or once.	1	21. Signature of Funerel Service Licens	ee Sut		22. 1	Neme end Addre	ess of Fecility N					
		23e. Pert1. Enter the disease, or complishock, or heart feilure. List only or			h. Do not enter	the mode of dying	ng, such es cardie	ec or respiretory	orrest,			
nysiclan Medical		Immediate Ceuse (Finel disease or condition	Preud		<					O	tervel Between nset and Deeth 2day	
kaminer	Jer	resulting in deeth)	e. // Coors		r es e conseque	ence of):						
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ng ph	Medical	resulting In deeth) Last	d	Due to (or	r es e conseque							
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ed by the detached	Phy	Part II. Other significant conditions con Dehydla July	ntributing to death b	ut not resi	ulting In the und	erlying ceuse giv	ven in Pert I.					
is been signed by the 2 should be detached	Completed by									aveile	ble prior to letion of cause	
director, page 2	EOD							10	Yes 2 (No	1 🗆 Ye	10	
ertific ector,	age a	25. Wes cese referred to medical exeminer?	1					eth (Check only	one)			
this c	2	1 Yes 2 No 27. Maryear of Death	fospitel:		ER/Outpatient	3□ DOA Oth	4 LX Nursing	Home 5 ☐ Resi				
eath. or: After this the funeral di	Certification:	Neturel 5 Pending Investigetion Accident Investigetion Suicide 6 Could not be	28a. Dete of injury (Month, Day Year) 28b. Time of Injury Mork? M 28c. Injury et Work? 1 Yes 2 No					28d. Describe	28d. Describe how injury occurred			
		4 ☐ Homicide determined	City or To	 Location (Street end Number or Rural Route Number, City or Town, Stete) 								
Et ho	edical	29a. Certifier (Check only one) 1 Certifying Physical Examination (Check only one) 1 Medical Examination (Check only one)	nar: On the best of end menner ste	examinet	vledge, deeth o i <i>on</i> end/or Inves	ocurred et the tin tilgetion, in my o	ne, dete end plec pinlon, deeth occ	a, and due to the urred et the time,	ceuse(s) end me date and piece,	enner as stete and due to the	d. e ceuse(s)	
ompl ompl	-	29b. Signature end title of certifier	ond monitor sto	nou.		29c. Licens	e number		29d. Dete signe	d (Month, Dev	. Year)	
^		> In Teachelle	Tas	gre	gh ori	D13	657		Tune 2	-3,19	97	
(1 . 1	- 1:	30. Name and address of person who co	mpleted ceuse of de GREGIR, Julius Macrela	eth (Item	23a) (Type Pri	nt)						

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 2. Dete of Deeth 3 Time of Death Month HOWE June 25, 1997 12:17 pm 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Rosedale Baltimore Franklin Square Hospital Center

/Medical **Examiner**

Funeral

Director

Physician

1. Decedent's Neme (First, Middle, Last)

Harry

C.

death with the Maryland 7 is marked other than "natural", or itema 23s or 28s-f show traumatic event, the Medical Examiner mast be notified at permit. Pages 1 and 2 should be filed within 72 hours after teppartment of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or ther any injury or other traumatic event, the Medical Exercises.

Baltimore, Maryland 21215-0020

Physician /Medical **Examiner**

and The law requires that the death certificate be execu physician s the burial Records, P.O. Box 68760 88 attending 0 the as been signed by 2 should be detac certificate has page of Vital

Examiner Physician/Medical À Completed 89 0 Certification: edical To the Ho within 24 to To the Fur

If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number 6 Sex 7. Age (In yrs. last birthdey) Birthplace (State or Foreign Country) Months 1 M 2 □ F 80 213-07-1849 Yrs. 6-19-17 MD Usuel Residence of Decedent 10a State 10b. County 10c. City. Town or Location 10d. Inside City Limits MD N/A Baltimore Director 1X Yes 2 No 10e. Street and Number 10f. Zlp Code 21205 10g. Citizen of What Country? 1234 Frailey Way USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 11. Meritel Status 1 Never Merried 20 Married 1 ☐ Yes 2][No Specify: white Specify ģ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Coilege (1-4or 5+) 6 Tanning Mill Sparrows Point 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Be Walter Emma Tarr 0 19e. Informent's Neme/Reletionship (Type, Print)
Diane Blevins/daughter 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 1234 Frailey Way, Baltimore, MD 21205 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other piece, 20c. Location - City or Town, Stete 1 Burial 2 □ Cremetion 3 □ Removei from Stete 4 □ Donetion 5 □ Other (Specify) 6-27-97 Gardens of Faith Baltimore, MD 21. Signature of Panerel Service Licensee 22. Name end Address of Fecility Cvach/Rosedale Funeral Home 1211 Chesaco Ave. Baltimore, MD 21237 enus 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Bet Onset and Death Immediate Cause (Finel Cerebrovascular Accident 11 Days diseese or condition resulting in death) Due to (or es e consequence of): Chronic Atrial Fibrillation Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or es e consequence of): Ischemic Cardiomyopathy Due to (or es a consequence of) Pert II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Chronic Obstructive Pulmonary Disease 24b. Were autopsy findings evellable prior to completion of cause of death? 24a. Wes an autopsy performed? Diabetes Mellitus Aortic Stenosis 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminer? 28. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 27. Menner of Death 28b. Time of 28a. Dete of Injury (Month, Day Year) 28c. Injury et Work? 28d. Describe how injury occurred 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident investigation 8 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of tnjury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide TG Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end piece, end due to the cause(s) and manner as stated.

2 Medical Examinar: On the best of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end piece, and due to the cause(s) end menner stated. 29e. Certifier (Check only one) 29b. Signeture and title of certified 29c. License number 29d. Deta signed (Month, Day, Year)

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Fallston, Maryland

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30. Neme and address of person who ca

Marco Zamora

JUN 26 1997

31. Dete filed (Month, Dey, Year)

impleted ceuse of deeth (Item 23a) (Type, Print)

32. Registrer's Signeture

Julia Davidson

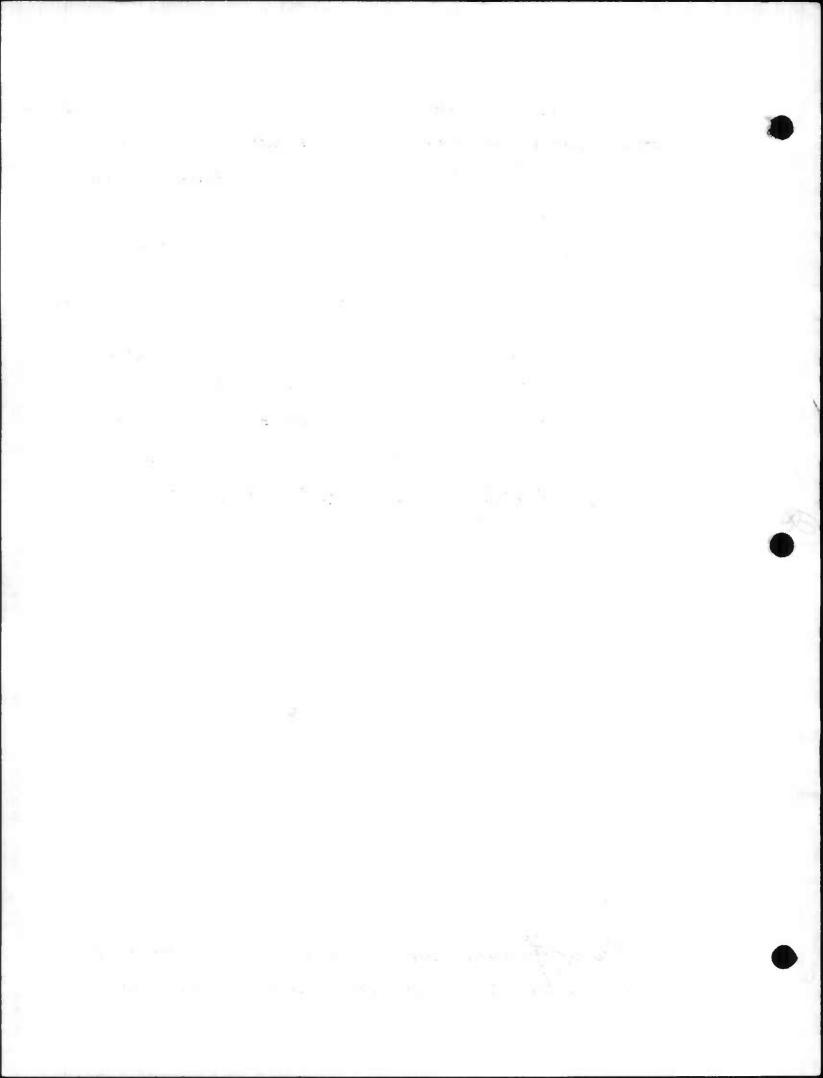
2303 Kings Arms Drive

June 25, 1997

21047

DHMH 16 Ray 6/95

State



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9433 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death Month JUNE Elsie Emma Harding 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Harford Fallston General Hospital Fallston If Under 1 Year If Under 24 Hrs. Months Days Hours Min. 8. Date of Birth (Month, Day, Year) Dec. 13, 1913 9. Birthplece (State or Foreign Country) West Virginia 5. Sociel Security Number 7. Age (In yrs. lest birthday) 1□M 2♥F 212-24-3843 Yrs. Usuel Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits Maryland Harford Pylesville 1 ☐ Yes 2 ☑ No 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code 4307 Jenkins Road 21132 U.S.A. 12. Was Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bieck, White, etc. 11. Maritel Status 1 ☐ Yes 2 ☐ No If Yes, Give X Year or Dates: 1 Never Merried 2 Married Specify: White 1 Yes 2 No 3 ☑ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) unknown unknown Ammunition Loader Federal Government 17. Father'a Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Aaron Lee Seymour Laura Bell Seymour Reed 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Cheryl Ohmstede/granddaughter 3312 Garrison Circle, Abingdon, Maryland 21009 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Buriat 2 ☐ Cremation 3 ☐ Removal from State 4 Donation 5 □Other (Specify) 21. Signatur d Funus Service Licensee Ronald S 22. Name and Address of Facility Wade. State Anatomy Board, 655 W. Baltimore Street Baltimore, Maryland 21201 Director Lade 23a. Party. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardlec or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset end Deeth < 2 days Immediate Cause (Final disease or condition resulting in death) urosepses Due to (or as a consequenca of) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or as a consequence of): Due to (or as a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown delightation 24e. Was en autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? 1 Tes 2 No 1 ☐ Yes 2 ☐ No preumon

Physician /Medical Examiner

Examine

Physician

/Medical

Examiner

Funeral

Director

28a-f show

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'naturel', or Items

permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: if Nem 27 is marked other than "natural, or Iten any Injury or other traumatic event, the Medical Engineer

Baltimore, Maryland 21215-0020

iner must be notified at

Director

Funeral

by

Completed

Be

physician and the buriel-transit funeral director,

Physician/Medical by Completed certificate hes Be Certification: To this After

25. Was case referred to medical exeminer? 27. Menner of Death 29a. Certifier

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3 ☐ Sulcide

Box 68760. The law requires that the death certificate be Division of Vital Records, P.O. Hospital or Attending Physician: death. To the Hospital or Attendi within 24 hours after death To the Funeral Director: A completely filled in by the fi Medical

Elsie HARding

State Registrar

28e. Dete of Injury (Month, Day Year) 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide 12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) JUNE 23, 1957 D32299

28c. Injury et Work?

26. Place of Death (Check only one)

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

28d. Describe how injury occurred

30. Neme and address of person who completed cause of deeth (Item 23e) (Type, Print)

CIS WEST MACPHA:1 DAVID 5 DUNN 31. Dete filed (Month, Day, Year)
JUN 2 6 1997

Hospital: 15 Inpatient 2 ER/Outpatient 3 DOA

28b. Time of

Julie Deligios Riginardalle

WRC 97-3444-510 GORMAN **JOHNSON**

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

19434

Physician
/Medical
Examiner

Funeral Director

7 is marked other than "naturel", or items 23s or 28s-f show traumatic event, the Modical Examples must be notified all filed within 7 Hygiena. th and Mental Hygie 7 Is marked other to nt of Health a : If Item 27 Is or other train

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

permit. Page Department o Important: If any injury or

68 P.O. Box signed by I Records, peen page 2 Division of Vital

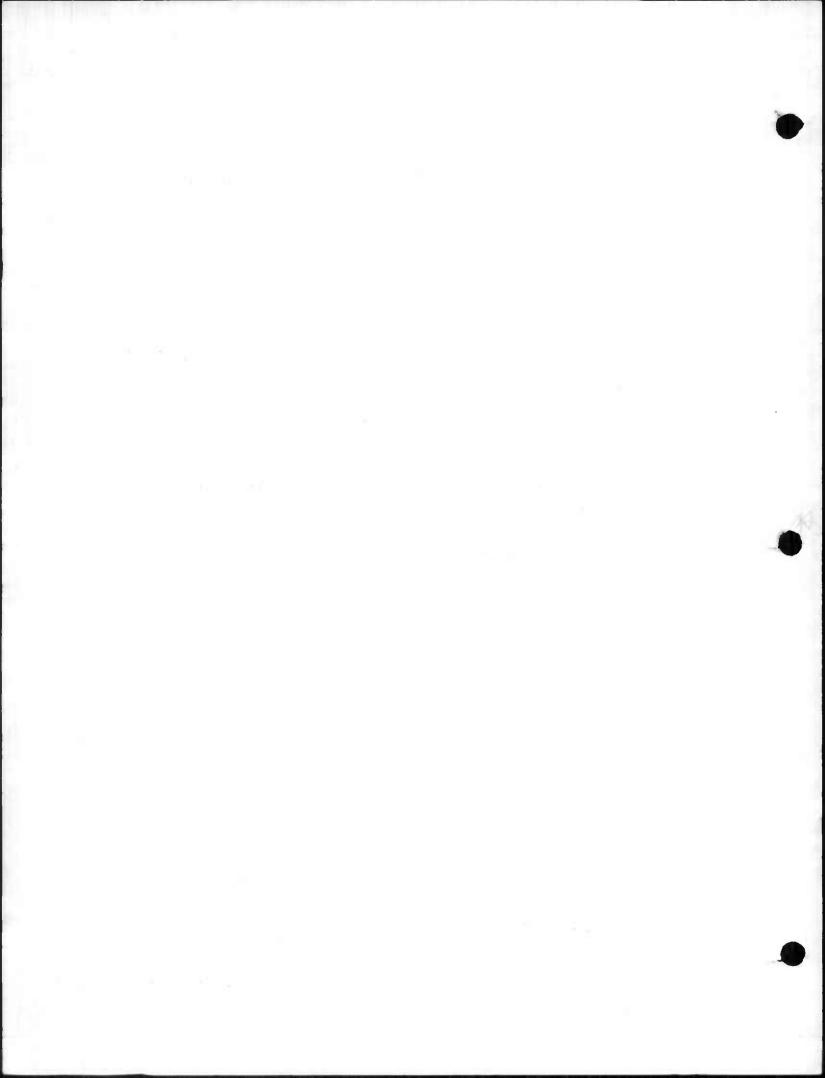
certificate the Hospital or Attending Physician: nin 24 hours after death. After Director: To the Hospital within 24 hours a To the Funeral C completaly filled

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Deeth Month Year Gorman S. Johnson Sr. 23, JUNE 1997 2:55 PM 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth SHOCK TRAUMA UNIT N/A Birthplece (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year) Days Months 180 M 2□ F 218-12-8056 70 Yrs. Dec. 12, 1926 MD. Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Md. Anne Arundel Hanover 1 ☐ Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1528 Matthewtown Road 21076 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 11. Maritel Status 1 Never Married 25 Merried 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 ☐ Yes XX No Specify: Specify: Black by 3 Widowed 4 Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Grade School Taxi Driver Yellow Cab Co. 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Samuel T. Johnson Viola Williams 19a. Informant's Neme/Relationship (Type, Print) wife 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Mrs. Zella J. Johnson 1528 Matthewtown Road Hanover, MD. 21076 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other pleca) 20c. Location - City or Town, Stete Burial 2 0 mation 3 DRemoval from State 5/ Other (Specify) Saints Rest Cemetery June 28 Harmons, MD. 21. Signature of Full peral Service Lice 22. Name and Address of Facility Nutter Funeral Homes, Inc. 2501 Gwynns Falls PKWY Baltimore, MD. at caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, Approximate Interval Betwe Onset end Deeth of Hend Immediat Cause (Final disease condition resulting, n death) wound Due to (or as a consequence of) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medical Due to (or as a consequence of) Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown ð 24b. Were autopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy periormed? Completed 1 Yes 2 No 157es 2□ No Be 25. Was case referred to medical 26. Place of Death (Check only one) examiner? Hospital: XXnpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Medical Certification: To 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. injury at Work? 28d. Describe how Injury occurred 1 Naturel 5 Pending 6-20-97 Subject Shot 0813M 1 Yes 2 □ No 2 Accident Investigation 3 Suicide 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 100 BUL PULL W 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 42 Homicide Palormo Sheet 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, and due to the cause(s) and manner es stated.

**Comparison of the basis of examination and/or investigation, in my opinion, deeth occurred et the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier 29b. Signature end title of our title 29c. License number 29d. Date signed (Month, Dey, Year) O.C.M.E. JUNE 24, 1997 30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 Ewler David 31. Date filed (Month, Dey, Year) 32 Degistrar's Signature

State Registrar

JUN 26 1997



State of Maryland / Department of Health and Mental Hygiene

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Certificate of Death ITEM: 20b perFH G-748 6-26-97 eoh 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Tima of Death KOLODNER Month **Physician** 1997 JUNE /Medical 4b. City, Town, or Location of Deeth 4a. Facility Neme (If not institution, give street and number) 4c. County of Death **Examiner** NORTHWEST HOSPITAL CENTER RANDALLSTOWN BALTIMORE | If Under 1 Yeer | If Under 24 Hrs. | 8, Date of Birth | Min. | JAN - 21, Year) | 931 5. Social Security Number 7. Age (In yrs. lest birthdey) 9. Birthplace (State or Foreign **Funeral** 1□M 20 F PENNSYLVANIA 66 Yrs **Director** 169-22-2842 Usual Residence of Decedent with the Maryland 10d. Inside City Limits 10a. State 10b. County 10c. City, Town or Location ahow Peges 1 and 2 should be filed within 72 hours after death with the Maryla neat of Heath end Mental Hyghers. If I flem 27 is marked other than "natural", or items 23e or 28e-f ehown if I flem 27 is marked other than "natural", or items 50e or 28e-f ehown into or other traumatic event, in Medical Examiner must be recitied at any or other traumatic event. 1 Yes 2 No BALTIMORE Director MD BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 130 SLADE AVE., APT. 505 21208 USA Funeral 12. Was Decedent Ever In U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien. 11. Marltel Stetus Black, White, etc. 1 Yes 2 No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced þ 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) OWN HOME 12 HOMEMAKER 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Name (First, Middle, Last) Be BESSIE GRAPIN HENRY SCHWARTZ 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Intormant's Name/Relationship (Type, Print) 130 SLADE AVE., APT. 505 MANUEL KOLODNER (HUSBAND) BALTIMORE, MD 21208 20b. Place of Disposition (Name of MOSE) (Name of place) Method of Disposition 20c. Location - City or Town, State Burial 2 Cremation 3 Removal from State permit. Pege Department of Important: If any Injury or 4 ☐ Donation 5 ☐ Other (Specify) MOSE-MONTEFIORE WOODMOOR HEBREW 6/24/1997 BALTO., MD Funeral Service Doens 22. Name end Address of Facility SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 mplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, where cause on each line. Approximate Interval Between Onset and Death 23a. Part1. Enter the disease, or co shock, or heart failure. List on **Physician** BRAIN STEM INFARCTION Immediate Ceuse (Final disease or condition resulting in death) /Medical Examiner Que to (or as a consequence ot): DIABETES MELLITUS TYPE I Examiner ettending physician and for use es the bunel-transit requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury Due to (or as a consequence of) Records, P.O. Box 68760. Physician/Medical that initiated events resulting in death) Lest Due to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contributa to the causa of death? ed by the deteched MULTIPLE SCLEROSIS 1 Yes 2 No 3 Probably 4 Unknown signed I þ 24b. Were autopsy findings 24a. Wes an autopsy performed? ASTHMA available prior to completion of cause of deeth? page 1 ☐ Yes 2 ☐ No 1 ☐ Yas certificate Vital 25. Was case reterred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1□ Yes 20 No P 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28b. Time of 28d. Describe how injury occurred Certification: 5 Pending Investigation 1 Netural Injury 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, tarm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide b To the Hospital within 24 hours a To the Funeral Completely filled 29a. Certifier Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, end due to the cause(s) and menner es ateted.

Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature and title of cert D27157 MD JUNE, 22 1999 8 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) KAYNOLD NORTHWEST HOSPITAL CENTER DEPESTRE 31. Date tiled (Month, Dey, Year) State

DHMH 16 Ray 6/95

Registrar

JUN 26 1997

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artment of Health and Mental	Hygiene	4	1		9	13	-
rtificate of Death	Den No			Ť			

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	Examin		4a. Fecility Neme (If			and number	or)	4b. City, Town, GBALTIN					th 4c. C	County of Death			
	Funeral Director		5. Sociel Security No. 215-10-5(006	6. Sex 1 ☐ M 2		Age (In yrs. 81	lest birthde Yrs.	y) It Under Months	Deys		24 Hrs. Min.		irth Day, Year)	-	rthplace (Steta or Foreign ountry)	
	h the Meryland r 28a-f show		Usuel Residence of 10a. Stata Maryland	10b. Count	imore	City			T. Town or Location							10d. Inside City Limits 147 Yes 2 No	
3	23a or 28s	Funeral Director	10e. Street end Num 1921 Go		treet				21231 U.S.A.							of Whet Country?	
000	n 72 hours after dee "natural", or Itams	þ	11. Maritei Stetus 1 ★ Never Married 2 ★ Marriad 3 ★ Widowed 4 ★ Divorced 15. Decedent's Education					S. 13	it Yes, spen	cify Cu	ban, Mexicar	n, Puerto	ecify Yas or N Rican, etc.)		Rece - Am Black, Whi		
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2	1 end 2 should by Health end Menta em 27 is marked ither traumatic ev	F -	Felix Kalicinska 19a. Informent's Neme/Relationship (Type, Print) Lynn Link/neice						iling Address				re/Route Num Baltim			Zip Code) nd 21207	
ore.	permit. Pages 1 end Department of Health Important: If Item 27 any Injury or other tr ance.		20e. Method of Disp 1 Buriel 2 Donetion	Crametion	Specify) in	state	le °	emetery, c	position (Ner remetory or o	me of other pi	ece)	i	Dete	20c. Loca	tion - City o	Town, State	
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E	Examiner		disease or condition e. It y pertensive Atheroscleratic Cardiovasiul. Due to (or es e consequence ot):										cusar	DIZER	S.C.		

Examine

Physician/Medical

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Medical Certification: To

Sequentielly list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Diseesa or injury that initialed avents resulting in deeth) Lest

To the Mospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the Inneat director, page 2 should be detached for use as the bunial-transit

Division of Vital Records, P.O. Box 68760,

Dua to (or as e consequence ot):

Due to (or es a consequence of): Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death?

	3		outing in the disconju	g could give in in vice.	1 ☐ Yes 2 ☐ No	3□ Probably 4页Unknow			
					24a. Wes en eutopsy performed? Inspection 1 □ Yes 2 ⋈ No	24b. Were eutopsy findings available prior to completion of cause of deeth? 1 Yes 2 No			
25	Wes cese referred to medical examiner?			26. Plece of	Deeth (Check only one)				
	1 □Kres 2 □ No	Hospital: 1 ☐ Inpatient 2 ☐	☐ ER/Outpatient 3□	g Home 5,⊠Residence 6 □Otr	ome 5 Residence 6 Other (Specify)				
27	. Manner of Deeth 1 Neturel 5 Pending 2 Accident investiget	28e. Dete of Injury (Month, Dey Year)	28b. Time ot Injury	28c. Injury et Work?	28d. Describe how Injury occur	red			
	3 Suicida 6 Could not determine			tory, office	28t. Location (Street end Numb City or Town, State)	ber or Rural Route Number,			
20	a Certifier 1 Certifuino	Physician: To the best of my kno	owledge deeth coour	red at the time, date and al	and due to the sause(s) and m	enner es stated			

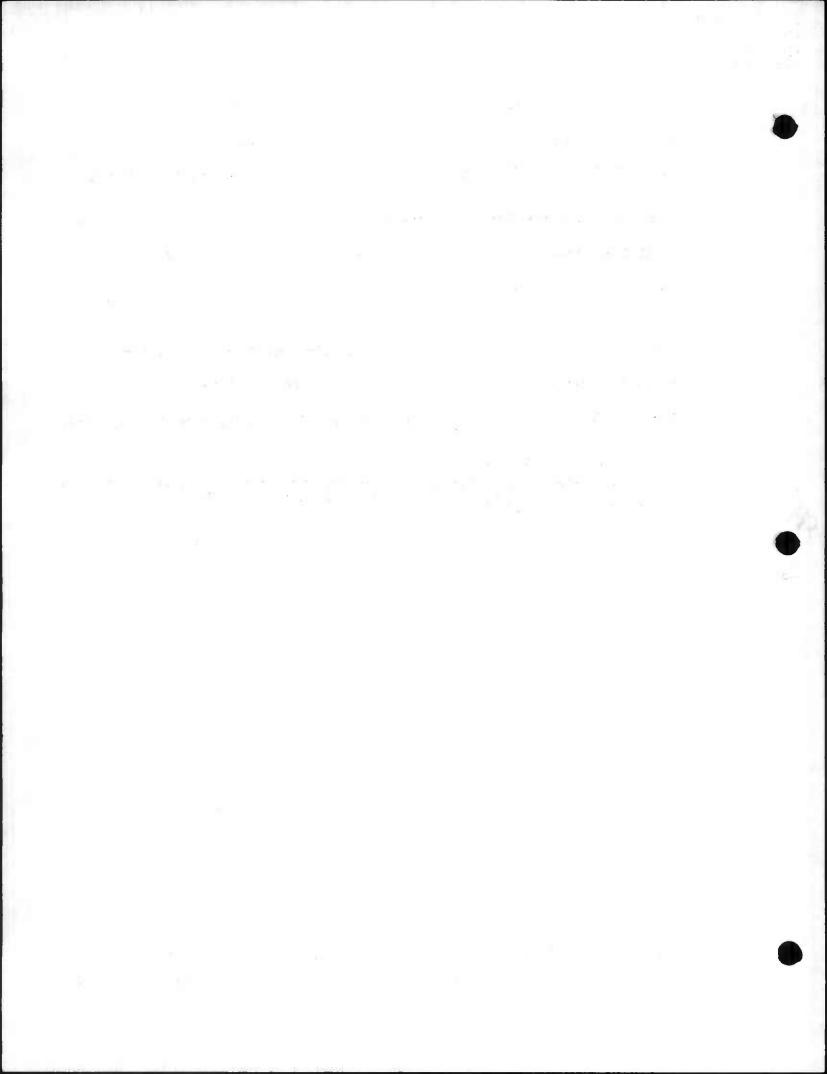
29a. Certifier (Check only one)	1☐ Certifying Physician: To the best of my knowledge		
29b. Signatura an	d title of certifiar	29c. Licensa number	29d. Data signed (Month, Dey, Year)

29c. Licensa number 29d. Data signed (Month, Dey, Year)

OCME JUNE 18, 1997 30. Name end address of person who completed cause of deeth (flem 23e) (Type, Print)

Radentz, Mp 111 Penn Street, Baltimore, Maryland 21201 31. Dete filed (Month, Dev. Year)
JUN 2 6 1997

State Registrar

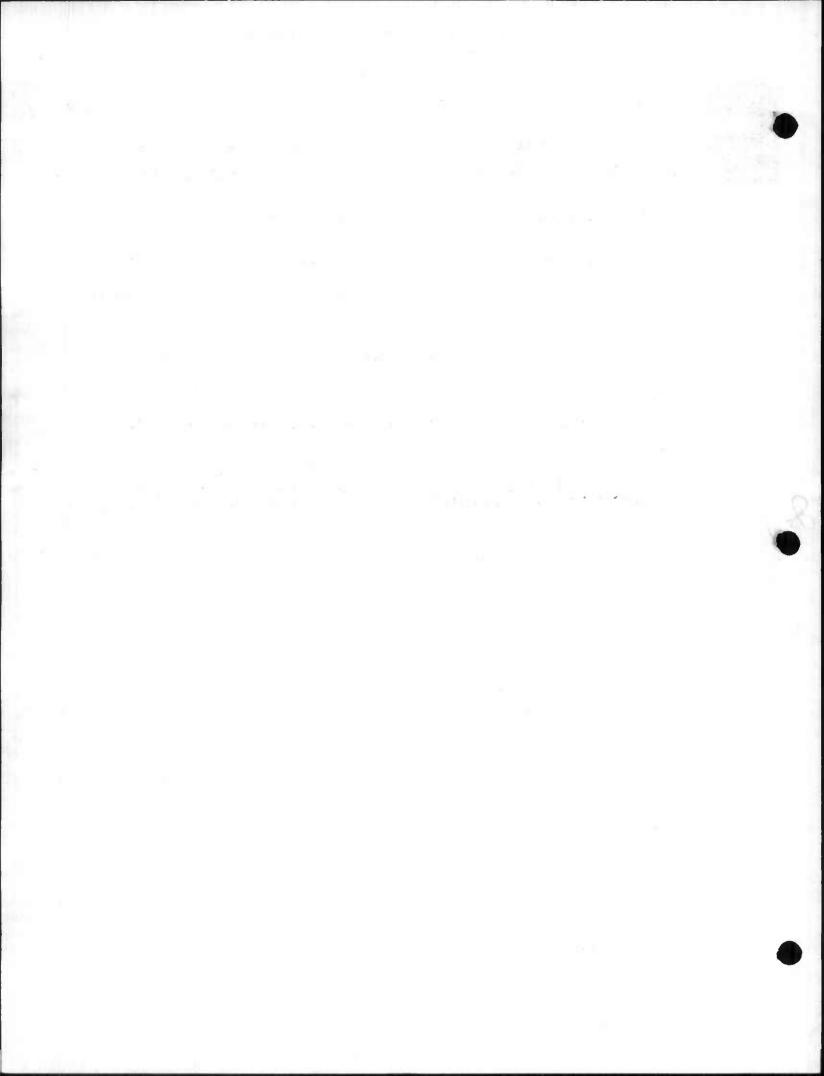


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19437

					Certificate of	Death		Reg. No.					
Physic		1. Decedent's Nama (First, Middla, La	LEI LEI	ROY			2. Data of De Month		Year _	3. Time of Death 3:45 A M			
/Med Exami		4a. Facility Nama (If not Institution, give	a street and number)			4b. City, Town, or Lo		h 4c. County	of Death	3. TO MIY			
LAGIII	iici	Northwest Hospita				Randalls	torm		imore				
Funera		5. Social Security Number 6. 8	Sex 7. Aga	(In yrs. last birt	hday) If Undar 1 Yaa Months Deys	r If Under 24 Hrs.	8. Date of Bir (Month, Da March	th Veer					
Director		255 50-5701	I□M 2X0F 84	,	rs.	Tiours Will.	March	9, 1913	West	elaca (State or Foreign etry) Virginia			
and and		Usual Residence of Decedant 10a. Stata 10b. County		10c. City, Towr	or Location				1	0d. Inside City Limits			
/z nouts after death with the Maryland naturel, or items 23s or 28s-f show pics. Examiner fourt be facilited at	0	Maryland Baltim	ore			lal1stown				1 ☐ Yes 2 🔯 No			
28 H	Director	10e. Street and Number			10f. Zip Coda		10g. Citizen of What Country?						
39 0		4042 Carthage Ro	ad			21133	United State						
E	Funeral	11. Marital Stetus	12. Was Dacedent E	ver in U,S.	13. Was Dacedant of	Hispenic Origin? (Spo ban, Maxican, Puerto				an Indian,			
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age age	eted	15. Dacadant's E (Specify only highast gro	ducation	16a.	a. Decedent's Usual Occupation (Give kind of work dona during most of work)		ina	16b. Kind of Bu	usinass/Ind	fustry			
than "	Completed	Elemantary/Secondary (0-12)	Collega (1-4or 5+)	life. DO NOT usa retir	ed)							
d other than		12 17. Fathar's Name (First, Middla, Last	_	Hor	nemaker	10 Mathada Na	home a (First, Middle, Maidan Surnama)						
	Be C								18)				
7 is marks traumatic	70	Samuel Johns 19a. informant's Name/Ralationship (Type Print	10h	Mailing Address /Street	Reta	unknown			Codel			
27 is m or traum		Jerry C. Bonnell	1,400, 1, 1411,				Rural Routa Number, City or Town, andallstown, MD 2			Code)			
ES		20a. Mathod of Disposition		20b. Placa of	Disposition (Name of		Data	20c. Location -		wn, Stata			
semin. Pages 1 and 2 should be file beginnen of Haatth and Mental Hy moortant: If Item 27 is marked other iny in lury or other traumatic event ince.		1 Burial 2 □ Cramation 3 □ 4 □ Donation 5 □ Other (Spacit		Mason	y, cramatory or other pl		007	17					
		21. Signature of Faneral Service Liger		Mason	T	June 28, 1	1991	weston,	wes	t Virginia			
De la pos		22. Nama and Address of Facility Loring Byers Funeral Directors, Inc 8728 Liberty Road Randallstown, MD 21133-4784											
ıysician Medicai		shock, or heart failure. List only one cause on each line. Immediate Cause (Final											
aminer		disease or condition resulting in death)	B							5 DHYS			
	ē		URI		onsaquance of):								
ng physician and as the burial-transit	Examiner	Sequentially list conditions	0.		onsaguanca of):				-				
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he bu	Medicai	Ceusa (Disaase or Injury thet initieted evants rasulting in daath) Last											
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9	by	DEMI	310164										
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	ple								of	mpletion of causa death?			
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cert	Be	25. Was case rafarred to medical axaminer?				26. Place of Death	Check only	one)					
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or: After the funara	Certification:	27. Mennerof Daath 1 Naturel 5 Pending 2 Accident Invastigation		Year) 28b. T	jury W	ury at ork? ⊒ Yas 2 □ No	28d. Describe	how Injury occur	red				
Director d in by t	ertifle	3 ☐ Suicida 6 ☐ Could not b 4 ☐ Homicide datarmined	28a. Place of Injur building, etc.	y - At home, far (Specify)	m, straat, factory, office		28f. Location (City or To	Streat and Numb wn, Stata)	er or Rura	l Routa Number,			
To the Funeral Director: After completely filled in by the funa	edical C	29a. Certifiar (Check only one)	ysician: To the best of niner: On the basis of e and manner state	xamination and	daath occurred et the t /or invastigetion, in my	ima, deta and place, a opinion, death occurr	and due to the ed et tha tima,	cause(s) and me data and placa,	enner as st and due to	ated. the cause(s)			
Toth	Me	29b. Signature and title of Antitler			29c. Licar	nsa number		29d. Data signe	d (Month,	Day, Year)			
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		30. Nama and addrass of person who	MAS GEDIE										
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St	ate	31. Data filed (Month, Day, Yaar)	32 Ragistrar	s Signatura		A			-				
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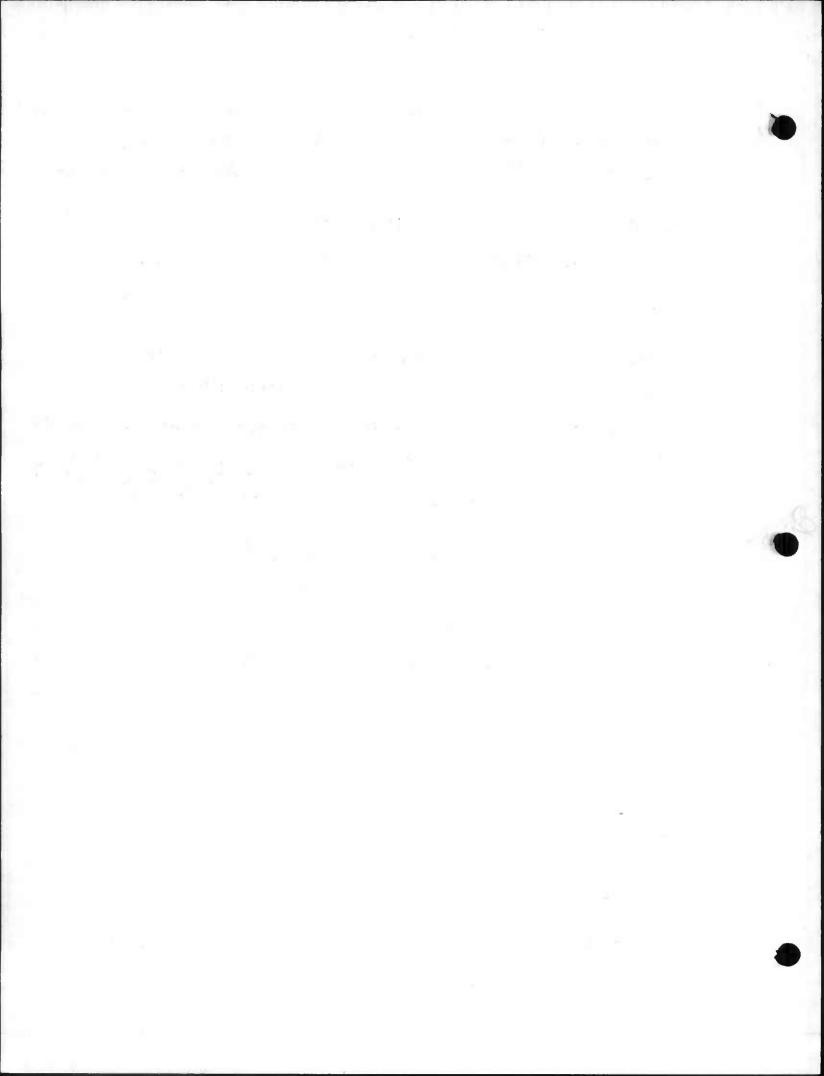
To the H within 24 To the Fu	Medical	(Check only one) 2 Medical Examiner: On the besis of exeminetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to end manner stated. 29b. Signature and title of cartifier 29c. License number 29d. Date signed (Month, D32700)										
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The ate h	Be Con	25. Wes case referred to medical					26. Piece of D	1 Ceeth (Check only	Yes 20 No	1 Yes 2 No		
2 S	Completed by							24e. We	s en eutopsy omed?	24b. Were eutopsy findings evelleble prior to completion of ceuse of deeth?		
that the ed by the deteched	y Physician/Medic	Pert II. Other significant conditions co	ontributing to deet	h but not resulting in	the underlying c	euse giv	ren in Pert f.		i tobacco uae co] Yes 2 □ No	ntribute to the cause of death?		
death certificate t e ettending physic of for use es the b	an/Medic	resulting in deeth) Last	d	THEROS		_ /	FEART	DISEASE	9			
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cian and burial-transit	Examiner	Sequentially list conditions,	b. ————		consequence of):		rane	M				
Ų	Jer	resulting in death)		ENDOM Due to (or es e	consequence of):	t	Ca -1					
Physician /Medical Examiner		shock, or heert feilure. List only in mediete Ceuse (Finel disease or condition resulting in death)	e		ETRIAL	C	INCEL			Interval Between Onset and Death		
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nd 2 lith e		Leo Graham/Son	JPO, I HILLY	1	527 Rigg	ıs_A		Rural Route Num st Floor		ore, Maryland		
	2	Will Thaxton 19e. Informant's Name/Reletionship (7)	Type Print)	106	Mailing Address	/Stroat		ret Will		State Tin Code)		
등 독특	BeC	17. Fether's Neme (First, Middle, Last)		100	18. Mother's Neme (First, Middle, Meiden Surner							
withir me. than	Completed by	15. Decedent's Ed (Specify only highest gre Elementery/Secondery (0-12) 3rd grade	lucetion de completed) College (1-4	or 5+)	16a. Decedent's Usua (Give kind of wo life. DO NOT us		eation during most of w d)	rorking		keeping		
72 hours after "naturel", or it	d by Fu	1 Never Merried 2 Married 3 XXWidowed 4 Divorced	Armed Force 1 Tes X If Yes, Give Yeer or Dete	os:	1 ☐ Yes	2 X IX10	Specify:		Specify	BLACK		
urs after death with the Merylen eif, or items 23e or 28e-1 show Examiner name be notified at	Funeral Director	501 W. FRANKLIN 11. Maritel Stetus	12 Was Decede	ent Ever in U,S.		L201	lispenic Origin?	(Specify Yes or Nerto Rican, etc.)	U.S. o- 14. Red	A . e - American Indian, ck, White, etc.		
or 28s	Direc	10e. Street end Number			10f. Zip				10g. Citizen of \	Whet Country?		
Meryler-f show	tor	MARYLAND N/A		10c. City, Tow	LTIMORE	CIT	10d. finside City Limits XXXes 2□No					
Director		Usual Residence of Decedent	UM 20 F	03	Yrs.			JUN.	1914	NORTH"CAROLINA		
Funeral		RAVENWOOD NURS 5. Sociel Security Number 6. S		Age (In yrs. last bir	Months	-	BALT IMOI	rs. R Date of B	irth :	/A 9. Birthplece (Stete or Foreign NORTH CAROLINA		
Exami		4e. Fecility Neme (If not institution, give			JIM A CI			or Location of Dea	th 4c. County	of Deeth		
/Medi		ZANDER		McLAUG	HI IN			2. Dete of D Month	Dey	Yeer 1997 9:20 pm		
Physic		1. Decedent's Neme (First, Middle, Las	31/							3. Time of Deeth		

State Registrar

31. Dete filed (Month, Dey, Year)
JUN 2 6 1997

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

921 NORTH EUTAW 3 T. BALT MD 2120)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9439 Certificate of Death 1. Dacedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Day Month Vaa **Physician** LEROY MOORE JUNE 24 1997 /Medical unknown 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 1017 N. Central Avenue BALTIMORE CITY N/A If Undar 1 Year If Undar 24 Hrs. 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplaca (State or Foraign Country) **Funeral** Hours Months 1X) M 2□ F Days Yrs. 46 Director 13 1951 NORTH CAROLINA 214-56-5216 Usuel Rasidanca of Dacadani 10a. Stata 10b. County 10c. City, Town or Location 10d. tnsida City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Director 1 XX as 2 □ No MARYLAND N/A BALTIMORE CITY 10e. Street end Number 10f. Zip Coda 10g. Citizan of What Country? U.S.A. 1017 N. Central Avenue 21202 deeth Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? Was Decedant of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian. 11. Marital Status Black, Whita, atc. filed within 72 hours efter 1 Nevar Marriad 200 Marriad 1 ☐ Yas 2 No 1 ☐ Yes 2 No Specify: þ 3 Widowed 4 Divorced **BLACK** Yaar or Dates: Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highest grada complated) 16b. Kind of Businass/Industry Hygiene. Elamantary/Secondary (0-12) Collaga (1-4or 5+) Steam Ship Trade 6th grade Longshoreman 17. Fathar's Nama (First, Middla, Last) permit. Pages 1 and 2 should be filt Department of Health and Mantal Hy Important: if Nem 27 is marked oth any linjury or other treumatic event 2008. 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Rufus Moore Letha Moore Williams 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Numbar, City or Town, Stata, Zip Coda) 4228 Flowerton Rd., Baltimore Maryland 21229 Renae B. Moore/Wife 20b. Placa of Disposition (Nama of camatary, cramatory or othar place) 20c. Location - City or Town, Steta 20a. Mathod of Disposition NBurlal 2 Cramation 3 Ramoval from Stata 6-27 4 ☐ Donation 5 ☐ Othar (Specify) ARBUTUS MEMORIAL PARK BALTIMORE, MARYLAND 22. Name end Addrass of Fecility WILLIAM C. BROWN COMMUNITY F/H 21. Signature of Funeral Service Licenses 1206 W. NORTH AVENUE 23a. Pert1. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Batw Onset and Daath Physician gestive that Failure /Medical Immediata Causa (Final disaase or condition rasulting in daath) Examiner 4 pel telision Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or injury that initiated avants rasulting in daath) Last Due to (or as a consequence of): abegites Physician/Medical Dua to (or as a consequence of): the for use as Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contributa to the cause of deeth? 1 Yes 2 No 3 Probably 4 Whiknown signed i þ should I 24b. Wera autopsy findings available prior to completion of ceuse of death? Completed 24a. Was an autopsy page 2 s 1 Yas 2 No 1 Yes 2 No certificate 25. Was cesa rafarred to medical axaminar? Be 28. Placa of Daath (Chack only ona) Hospital: 1 | Inpatiant 2 | ER/Outpetient 3 | DOA Othar: 4 ☐ Nursing Homa 5 ☐ Residence 6 ☐ Othar (Specify) Certification: To 1 Yas 2 No 27. Mannar of Daath 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascriba how Injury occurred After 1 | Natural 5 Panding invastigation 1 Yas 2 No 2 Accidant 3 Suicide 6 Could not be datarminad 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Spacify) 4 Homicide

The law requires that the deeth certificate be as Division of Vital Records, P.O. Box 68760. or Attending Physician: efter death. Director: Aft 5 To the Hospital or within 24 hours eft To the Funeral DI completely filled in

Baltimore, Maryland 21215-0020

29a. Certifiar 114 Certifying Phyaician: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated. (Check only one) 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, date and place, and due to the ceusa(s) and menner stated. 29b. Signetura and titla of certifiar 29c. Licansa number

Soul Ubelly MD

D26748

29d. Data signed (Month, Day, Year)

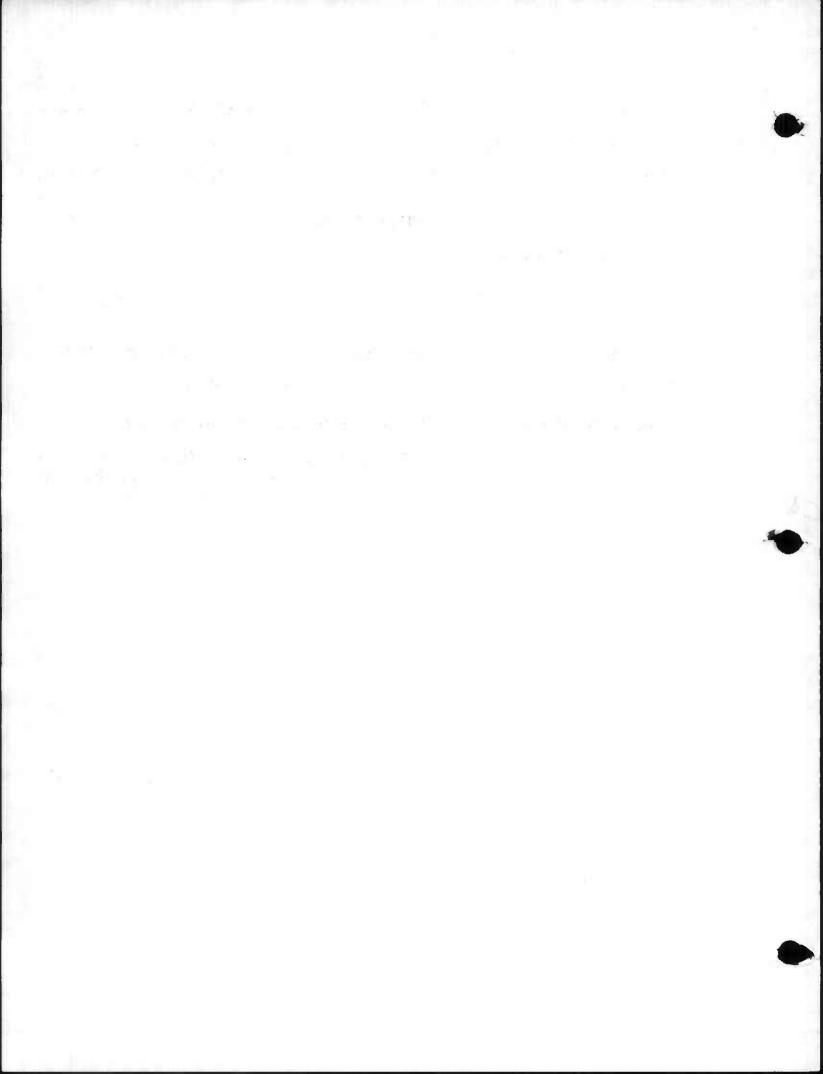
30. Nama and addrass of person who complated cause of death (Itam 23a) (Typa, Print)

AWIL UBEROE MID, 4419 FALLS PUD BALTOMI) 21211 31. Data filed (Month, Day, Year)
JUN 2 6 1997

State Registrar

Medical





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Deeth Day 1997 **Physician** June 21, Junior Miller 5:15 p.m. Eugene /Medicai 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner 1310 Rustic Avenue Rosedale Baltimore Tunder 24 Hrs. 8. Date of Birth (Month, Dey, Year)

June 17, 1934

Pennsylvania If Under 1 Year Months Deys 5. Social Security Number 7. Age (In yrs. lest birthday) 9. Birthplace (Stete or Foreign **Funeral** 1₽M 2□F Months Hours 172 26 7765 63 Yrs Director Usual Residence of Decedent 10e. State 10b. County 10c. City, Town or Location show Pages 1 and 2 should be filed within 72 hours after death with the Marylan nent of Health and Mental Hygiena.

Int: If item 27 is merked other than "natural", or items 23a or 28a-f show by or other traumatic event, the Medical Example must be not the discountered. 10d. Inside City Limits Director 1 ☐ Yes 2 ☐ No Maryland Baltimore Rosedale 10e. Street and Number 10f. Zlp Code 10g. Citizen of Whet Country? 1310 Rustic Avenue 21237 USA Funeral Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S. Armed Forces? 14. Raca - American Indien, Black, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: 1 Never Married 2X Married 1 ☐ Yes 2 No White by Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decadent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Truck Driver Construction Materials 17. Father's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Walter W. Miller Georgia Adams 0 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Peggy Miller (wife) 1310 Rustic Avenue Rosedale, Maryland 21237 20b. Place of Disposition (Neme of cometery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete y urial 2 ☐ Cremetion 3 ☐ Removal from State Date permit. Page Department of important: If any injury or once. Donation 5 ☐ Other (Specify) Holly Hill Mem. Gardens 6/25/97 Baltimore County, Md 21. Sid ature of FurleYat Service Licensee 22. Name and Address of Facility Bruzdzinski Funeral Home PA 1407 Old Eastern Ave. Essex, Maryland 21221 Par f. Enter the disease, or camplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Death **Physician** /Medicai Immediate Cause (Final disease or condition resulting in death) Congestive Heart Failure 10 years **Examiner** Due to (or es a consequence of): Physician/Medical Examiner Left Systolic Dysfunction 10 years Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or as a consequenca of): Coronary Heart Disease 14 Years Due to (or es e consequenca of): Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Diabetes Mellitus þ Completed 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? peen Chronic Obstructive Pulmonary Disease has 1 ☐ Yes 2 X No 1 ☐ Yes 2KI No this certificate lal or Attending Physician: Ts aftar death.

Si Director: After this certifical ed in by the funeral director, p 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 □Other (Specify) 1 Yes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of Injury (Month, Dey Year) 27. Menner of Death 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 5 Pending investigetion 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital o within 24 hours aff To the Funeral DI completaly filled in tX Certifying Phyeician: To the best of my knowledge, death occurred et the time, date and plece, and due to the cause(s) end manner as stated.

2□ Medical Examiner: On the basis of examination and/or investigetion, in my opinion, deeth occurred at the time, date and pleca, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only one) 29b. Signeture end title of castilla 25. License number 29d. Date signed (Month, Dey, Year) D30133 June 24, 1997

State Registrar

Joseph P. Connelly MD. 31. Date filed (Month, Dey, Year)
JUN 2 6 1997

30. Name and addysse of person who completed cause of deeth (Item 23a) (Typ

805 Fuselage Avenue Baltimore, Maryland 21220

the Manyland

Baltimore, Maryland 21215-0020

P.O. Box 687

Division of Vital Records,

The law requires that the death

Attending Physician:

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Date of Death 3 Time of Death Day Month **Physician** Frances Bervl McBurney 24, 1997 2:23 pm June /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Rosedale Baltimore Franklin Square Hospital 5. Social Securify Number If Under 1 Year | If Undar 24 Hrs. 7. Age (In yrs. last birthday) Birthplace (Stata or Foreign Country) **Funeral** 1□M 257 F Months Days Hours 214-38-3934 England Yrs. Director Sept. 5,1924 Usual Rasidenca of Decadent the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Exercines must be notified at Maryland Baltimore Essex 1 ☐ Yes 2 No Director 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? death with U.S.A. 21221 300 Torner Rd. Funeral 12. Was Decedent Evar in U,S. Armad Forcas? 1 ☐ Yes 2 20 No If Yes, Give Year or Datas: 11 Marital Status Was Decedent of Hispanic Origin? (Specify Yas or No If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Black, White, etc. filed within 72 hours efter 1 Never Marriad 2 Married Specify: White Baltimore, Maryland 21215-0020 1 ☐ Yes 2X No Specify: Completed by 3 ☐ Widowed 4 ☐ Divorced 15. Decadent's Education (Specify only highest grade completed) 16a. Decadent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) Sales Department Store 7 la markad other traumatic event, p 17. Fathar's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Sumema) Pages 1 and 2 should be fill ment of Health and Mental H ant: If item 27 la marked ott Be James Fielding Fanny Davis 10 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stele, Zip Code) nt of Health e H Item 27 la or other tra Graham K. McBurney (Husband) 300 Torner Rd. Baltimore, Md. 21221 20a. Method of Disposition 20b. Piace of Disposition (Neme of cemetery, crematory or other place) 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Removal from State permit. Page Depertment of Important: If any Injury or Holly Hill Mem. Gardens 6/27/1997 Baltimore Co. Md. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signafure of Funeral Service Licenses 22. Nama and Address of Facility Bruzdzinski Funeral Home P.A. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, strock, or heart feilure. List only one cause on each line. Md. 21221 Approximate Interval Between **Physician** /Medical Immediate Cause (Finei Failure disease or condition resulting in death) **Examiner** Physician/Medical Examiner Saquentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseasa or Injury that initiated events rasuiting in death) Last Due to (or as a consequence of): sertension Due to (or as a consequence of) The law requires that the death certific USe as P.O. Box Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown cardio vascular delease of Vital Records, þ 90 24b. Were eutopsy findings evailable prior to completion of cause of death? page 2 should Completed 24e. Was an autopsy performed? 1 ☐ Yes 2 ☐ No certificate or Attending Physician: director, Be 25. Was case referred to medical 26. Plece of Death (Check only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Rasidenca 6 Other (Specify) To 1 ☐ Yes 2 No After this filled in by the funeral 28a. Date of Injury (Month, Day Year) 27. Mannar of Death 28c. injury at Work? Medical Certification: 28b. Time of 28d. Describe how injury occurred Division 1 Natural 5 Pending death. 1 ☐ Yas 2 ☐ No s after death Investigation 2 Accident 6 Could not ba 3 Sulcide 28e. Place of Injury - At home, farm, straet, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 ☐ Homicide To the Hospital within 24 hours a To the Funeral Completely filled 29a Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, end due to the cause(s) end manner as stated. (Check only one) 2 Medical Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title-of pertitie 29c. License number 29d, Date signed (Month, Day, Year) D02022 30. Name and address of person y pleted cause of death (Item 23a) (Type, Print) Leopoldo Gruss 405 Stemmersrun Road MD Baltimore, 21221 JUN 2 6 1997 LA STEURING SHOWING State

Registrar



MCCARGO

7. Age (In yrs. last birthday)

82

State of Maryland / Department of Health and Mental Hygiene

Physician
/Medical
Examiner

Funerai

Director

May 9, 1915 the Maryland 10a State 10b County 10c. City, Town or Location tem 27 le marked other than "natural", or items 23a or 28a-f show other traumatic event, it a Magical Examiner must be notified at MD. N/A Baltimore Director 10e. Street end Number 10f. Zip Code 2724 N. Longwood Street 21216 Funeral 12. Was Decedent Ever In U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritei Stetus permit. Pages 1 and 2 should be filed within 72 hours after Department of Heelth and Mentel Hygione. Important: If Item 27 is marked other than "natural", or item any injury or other traumatic event, the Medical Exempter 1 ☐ Yes 文汉 No If Yes, Give Yeer or Dates: 1 Never Merried 2 Married Saltimore, Maryland 21215-0020 1 ☐ Yes 2 XXIIIo Specify: by 3 ☐ Widowed 4 ☑ Divorcad Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) Coilege (1-4or 5+) Cosmetology Teacher 12th Grade 17. Fether's Neme (First, Middle, Last) Alexander Majette Maggie J. Taylor 19a. Informent's Name/Reletionship (Type, Print) niece 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Jean E. Phillips 20b. Pleca of Disposition (Neme of cametery, cremetory or other plece) 20a. Method of Disposition 1 Buriei 2 Cremetion 3 Refravei from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Arbutus Memorial Park June 26 Balto. County, MD. 21. Signature of Funeral Septice Licen 22. Name end Address of Fecility Nutter Funeral Homes, Inc. Fant Enter the disease, or complications the set sed the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause of such line. **Physician** ASPIRATION PNEUMONIA /Medical Immediete Ceuse (Finel diseese or condition resulting in death) Examiner by Physician/Medical Examin Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting In deeth) Lest Due to (or es e consequence of): Due to (or es e consequença of): Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. GANGRENE LEFT FOOT Completed To the Hospital or Attending Physiolen: within 24 hours eiter death.

To the Funeral Director: After this certifica completely filled in by the funeral director, 25. Wes case referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yes 2 No Other: Specify) Certification: To 27. Manner of Deeth 28e. Date of Injury (Month, Dev Year) 28c. Injury et Work? Neturel 5 Pending 2 Accident 1 ☐ Yes 2 ☐ No Investigation 6 Could not be determined 3 ☐ Suicide 28e. Piaca of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide Medical 29a. Certifier (Check only one) D37333 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) CT RD, MD 21133 5401 OLD MO

Certificate of Death 2. Dete of Deeth

Month JUNE 22

19 Jo Hrs. 4c. County of Deeth

4b. City, Town, or Location of Death

BALTIMORE

RANDALLSTOWN if Under 1 Year if Under 24 Hrs.

Months Deys Hours Min.

Hours

8. Date of Birth (Month, Dey, Year)

 Birthplece (State or Foreign Country) N.C.

10d. Inside City Limits

Usuel Residence of Decedent

5. Sociel Security Number

216-18-3265

1. Decedent's Neme (First, Middle, Last)

KATHERINE

4e. Fecility Neme (If not institution, give street end number)

6 Sex

SUBACUTE UNIT AT NORTHWESTH OSPITAL

1□M XXIF

1 XX Ves 2 No 10g, Citizen of Whet Country?

U.S.A.

14. Rece - American Indien, Bieck, White, etc.

Specify: Black 16b. Kind of Business/Industry

Baltimore City Public Schools

18. Mother's Neme (First, Middle, Meiden Sumeme)

1649 Cobbs Creek PKWY Philadelphia, Pa. 19113

20c. Location - City or Town, Stete

2501 Gwynns Falls PKWY Baltimore, MD. 21216

23b. Did tobecco use contribute to the cause of death?

1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ AD known

24a. Wes en eutopsy performed?

24b. Were eutopsy findings eveileble prior to completion of cause of deeth?

1 Yes 2 No

28d. Describe how Injury occurred

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner es steted.

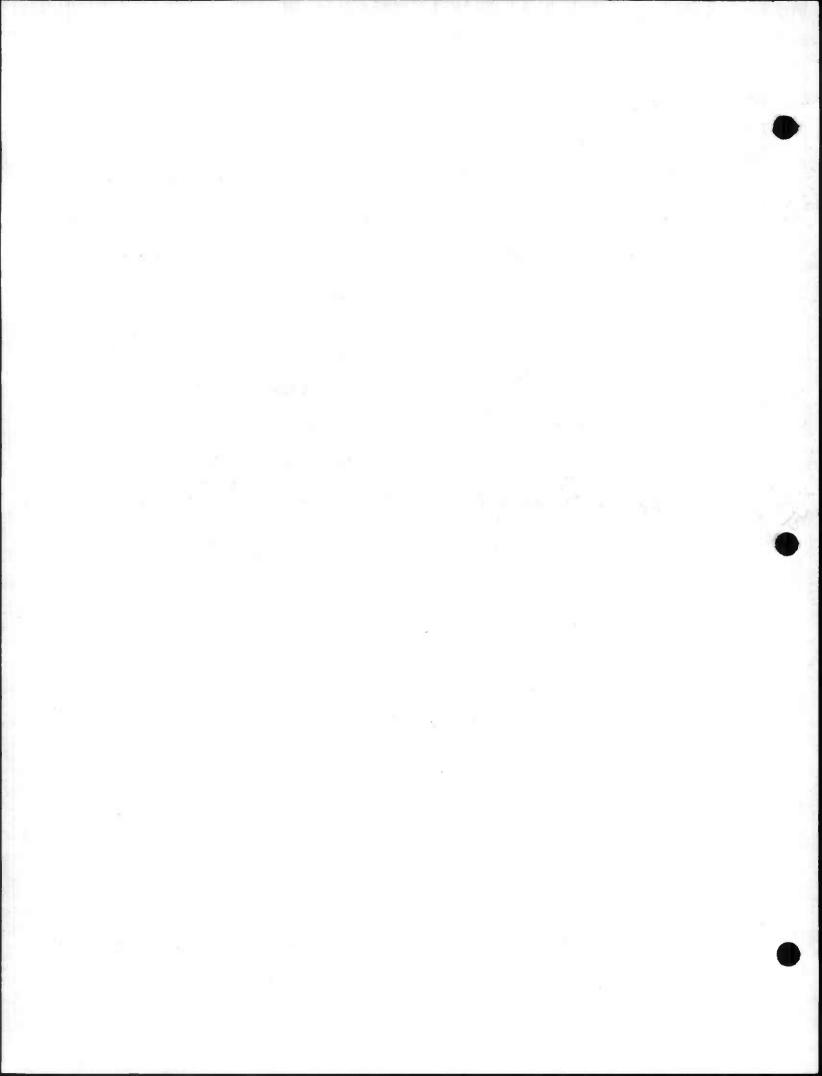
Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred et the time, date end placa, end due to the cause(s) end menner steted.

29d. Date signed (Month, Day, Year)

JUNE 22, 1997

31. Dete filed (Month, Dey, Year) JUN 26 1997 Registrar





State of Maryland / Department of Health and Mental Hygiene

9443 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3 Time of Death **Physician** Anna Sweeney O'Neill JUNE 21, 1997 5:00AM /Medicai 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 169 Garden Ridge Road Catonsville

If Under 24 Hrs. 8, Dete Baltimore If Under 1 Year 5. Social Security Number 8. Dete of Birth (Month, Day, Year) FEB 15, 1924 Birthplece (State or Foreign Country) 7. Age (In yrs. last birthday) **Funeral** 1 □ M 2√2 F Monihs Days Hours Min 218-12-8667 73 Yrs. Director Maryland Usuel Residence of Decadent 10a. Siete 10b County 10c. City. Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at Director 1 ☐ Yes 2 No Baltimore Catonsville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ò 169 Garden Ridge Road 230 21228 USA 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes ♣☐ No If Yes, Give Year or Dates: or items Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Biack, White, etc. 72 hours efter 1 Never Married Merried Saltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: S 3 ☐ Widowed 4 ☐ Divorced White "natural". Completed Decedent's Usual Occupation
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Peges 1 end 2 should be filed within 7. Department of Health end Mental Hygiener, important: If them 27 is marked other than "nu any injury or other traumatic event, fire Media once. filed within 7 Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) Clerk B & O Railroad 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Francis J. Sweeney Anna Murphy 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 169 Garden Ridge Rd. Catonsville, MD 21228
ce of Disposition (Name of Dete 20c. Location - City or Town, State James M. O'Neill/husband 20a. Method of Disposition 20b. Plece of Disposition (Name of cametery, crematory or other placa) 1 ☐ Burial 2 Cremation 3 ☐ Removal from State Metro Crematory, Inc. 6/24/97 4 ☐ Donation 5 ☐ Other (Specify) Baltimore, MD 21. Signature of Euneral Servica Licensee 22. Name and Address of Facility Seos MacNabb Funeral Home, P.A. George E. MacNabb

301 Frederick Rd. Baltimore, MD 21228

23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Ceuse (Final disease or condition resulting in death) Examiner Examiner Severe Peripheral Vascular Occhysive Disease requires that the death certificate be executed pue Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lasi Due to (or as a consequence of) Records, P.O. Box 68760, perchotesterotemia pue io (or es e consequence of): Physician/Medical the 20 year pertension 980 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Pulmonary Sarcoidosis p 8 24b. Were autopsy findings evalleble prior to Be Completed 24e. Wes an autopsy performed? completion of cause of deeth? The law After this certificate hes funeral director, pege 2 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician:
 After this confile. 25. Was case referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residenca 8 Other (Specify) To 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28d. Describe how Injury occurred 27. Manner of Deeth 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? Medical Certification: 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 \ Homicide The Certifying Physician: To the best of my knowledge, death occurred et the time, date and placa, and due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, end due to the ceuse(s) and manner stated. 29a. Certifier To the To 29b. Signature and title of cartifier 29d. Date signed (Month, Day, Year) 29c. License number

State Registrar

30 Name and address of person

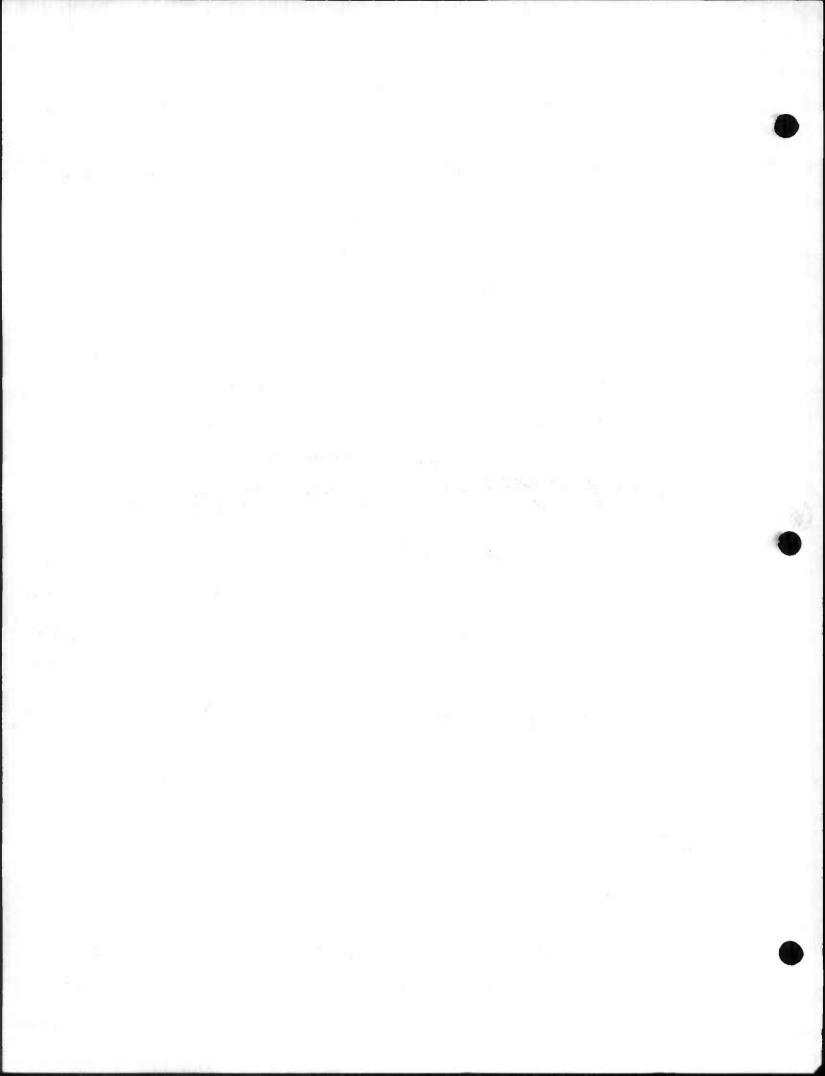
31. Date filed (Month, Day, Year)
JUN 26 1997

who completed cause of death (Item 23e) (Type, Print)

32. (P) ISTO

Sulphur

DHMH 16 Ray 6/95



1 ☐ Yes 2 ☐ No

		ITEM:5 per FH G-748			Cei	tificate	of D	eath		Reg. No.			
Physic	an	Decedent's Name (First, Middle	, Last)			106			2. Date of Deeth Month Dey Year			3. Time of Death	
/Medi		Heather.				Ossor			June 19 1		1997	1033	
Exami	ner	4e. Fecility Name (If not Institution,	, give street and number	r)			4b.	. City, Town, or Lo		4c. County	of Deeth		
		Joseph Richie H	Hospice					Baltimo	re	Balt	Lmore	City	
Funeral Director		5. Sociel Security Number 40 551 60 6088 Usual Residence of Decedent		ige (In yrs. last i	birthdey) Yrs.	If Under 1 Y Months D	ays	If Under 24 Hrs. Hours Min.	8. Date of Bin (Month, Da Nov. 1	irth 9. Birthplace (State or Country) 17, 1927 United Kir			
pue *		10a. Stete 10b. County		10c. City, To	wn or Lo	cation						I Od. fnside City Limits	
ith the Marylan or 28a-f show	ctor	Maryland Princ	e George	Belts								1 ☐ Yes 🍇 No	
th with th	Funeral Director	3707 Green Ash	Court			10f. Zip Co 20	_{de} 705			10g. Citizen of What Country? U.S.A.			
72 hours efter death with the Maryland natural; or items 23s or 28s-f show deal Examiner must be notified at	þ	11. Marital Stetus 1 Never Married 2 Merrie 3 XWidowed 4 Divorced	12. Was Decedent Armed Forces and 1 Tes 2 Figure 1 Yes, Give Year or Dates:	No	 13. Was Decedent of Hispenic Origin? if Yes, specify Cuben, Mexicen, Put 1 ☐ Yes 2 ☑ No Specify: 							oce - American Indian, eck, White, etc.	
ture!		15. Decedent			la Decec	ent's Usual O	ccupeti	tion		16b. Kind of B	usiness/In	dusto	
ithin 72 ne. nan "na	Completed	(Specify only highest Elementary/Secondary (0-12)			(Give life. L	kind of work d OO NOT use re	one du etired)	uring most of work					
led w	8	12	2			Adminis	-	ative As:		Priva			
permit. Pages 1 and 2 should be filed within 72 hours efter death with Department of Health and Mental hygiene. Department of Health and Mental hygiene and procramt: If item 27 is marked other than "natural; or items 23s or any injury or other traumatic event, the Medical Examiner must be once.	To Be	17. Fether's Name (First, Middle, L Albert Walker	•				1	18. Mother's Name Muriel		ce Walke	-		
		19a. Informent's Neme/Relationsh Pamela Osborne			nd Number or Run Court,								
Pages 1 annent of Heamint: If Item		20a. Method of Disposition 1 Buriai 2 Cremation 4 Donetion 5 Other (Sp	ecity)	20b. Plece ceme	of Dispo tery, cren	sition (Name of natory or other	of		Dete	20c. Location -			
Departic Departic Importa any inje		21. Signature of Fulleral Service L Ronal C	icensee IS. Wade, I	Directo	r 22	Name end A State Balti	Ar	of Facility natomy Bore, Mary	pard, 6.	55 W. Ba	altim	ore St.	
Physician	-	23a. First. Enter the disease, or of stack, or heart feilure. List of	complications that cause only one ceuse on eech	ed the deeth. De line.	o not ente	not enter the mode of dying, such as cerdiac or respiratory arrest,						Approximete Interval Between Onset end Deeth	
/Medical Examiner		Immediate Ceuse (Final diseese or condition resulting in death)	a. Co	NGESTI			F	HLURE				2 yours	
	ē		C.	Due to (or es				0.1.0516			1	2 4/300 5	
icete be executed physician and s the buriel-fransit	i Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Couse (Disease or Injury that Initiated events	b. <u>C</u> 8	Due to (or as	_	1	(US)	225,15				o remos	
= 00	n/Medicai	Ceuse (Disease of Injury that Initiated events resulting in deeth) Lest	d	Due to (or es	e conseq	uence of):							
deeth he atte	Physician/M	Part II. Other significant condition	ns contributing to death I	but not resulting	in the ur	derlying caus	e given	n in Part I.	23b. Did	tobacco use co	ntribute to	o the cause of death?	
es that the deeth cer igned by the attendin be detached for use				10	Yes 20 No	3 Pro	babiy 4□ Unknowr						
aw requires is been sign 2 should be	ompleted by								24a. Wes	an autopsy rmed?	autopsy ed? 24b. Were autopsy findings available prior to completion of ceuse of death?		
he law e has age 2	E								1□ Yes 2□#6			TVes 20 No	

25. Was cese referred to medical examiner?

1 Yes 2 No 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospica 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

27. Manner of Death 28d. Describe how injury occurred 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 1 Natural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide

6 Could not be determined Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 4 Homicide

11 Certifying Phyalcian: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) and manner es steted.

29a. Certifier (Check only one) 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29c. License number 29d. Date signed (Month, Day, Year)

Lule 3 Dapity are sponde le

D 06933

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

JOHN B. MACGIBSON MD 10: WREBOST BALTIMONE

State Registrar

To the Hospital or Attending Physicien: 1 within 24 hours effer death.

To the Funeral Director: After this certifical completely filled in by the funeral director, p

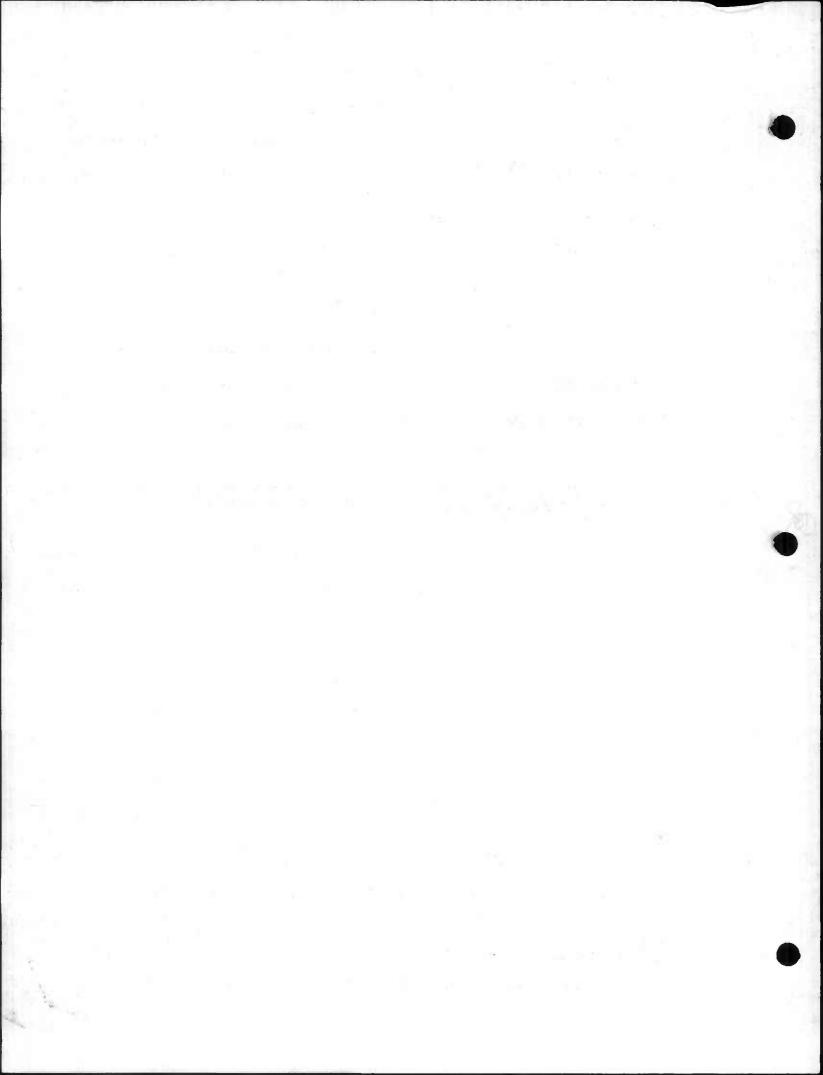
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Certification: To

Medical

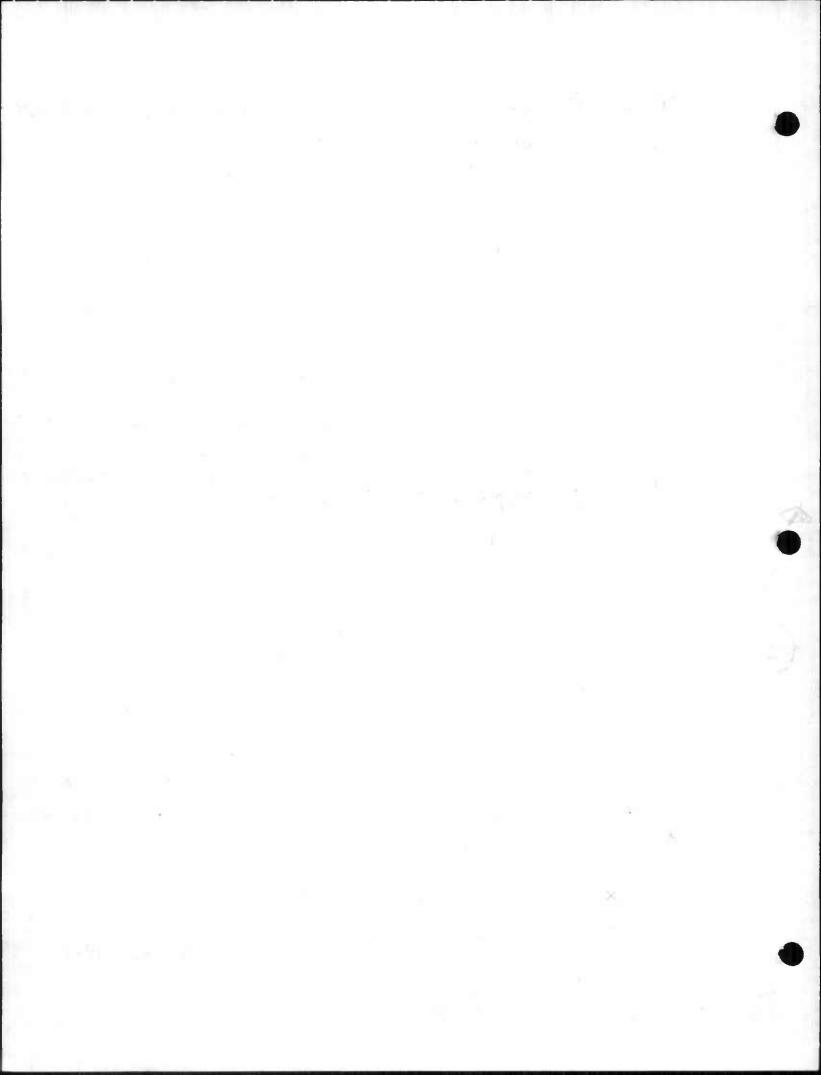
31. Date filed (Month, Day, Year)
JUN 2 6 1997

Division of Vital



State of Maryland / Department of Health and Mental Hygiene 97 | 9445

					Cei	rtificate d	of D	eath			Reg. No.			
Diameter.		1. Decedent's Name (First, Middle,	Last)							2. Dete of Dea	ath		3. Time of Death	
Physici /Medi		Toni Po	rter							June	24	1997	6:55 AM	
Exami		4a. Facility Name (If not institution,	give street and number	r)			4b.	City, To		cation of Deeth	4c. Coun	ty of Death	4,00,77	
		Mercy Medica	1 Hospice	e			E	Balt	imo	re		NA		
Funeral		5. Social Security Number	6. Sex 7. A	ge (In yrs. last bi	irthday)	If Under 1 You Months Da		If Under :	24 Hrs. Min.	8. Dete of Birt	h V Year	9. Birthp	lace (State or Foreign	
Director		218-64-2265	1□M 210F	41	Yrs.	WORKIS	ays	riouis	Will.	8. Dete of Birt (Month, Day 06-0	8-56	M	lace (State or Foreign try) 	
filed within 72 hours effer death with the Maryland Alygene. ther than 'natural', or items 23a or 28a-1 ehow ent, the Mau cal Examiner man be notified at		Usual Residence of Decedent 10e. State 10b. County		10c. City, Tov	m or Lo	action								
eho	5	Md NA		Balt								,	0d. Inside City Limits XXYes 2 □ No	
288	ect	10e. Street and Number				144 71 0								
in realin and Mental Hygiene. Item 27 is marked other than "natural", or items 23a or 28a-1 show other traumatic event, the Medical Examiner must be notified at	Funeral Director	4107 Boarman	Avenue			10f. Zip Coo					10g. Citlzen o USA	Whet Coun	itry?	
23	eral	11. Marital Status	12. Was Deceden	t Ever in II C	12 1	Man Dagadant	of High	Attionable Ordeling (Co. 15)				ece - Americ	an India	
E 5	F	1 Never Married 2 Marrie	Armed Forces	3	13. 1	f Yes, specify (Cuben,	Mexican	, Puerto I	Specify Yes or No- irto Rican, etc.) 14. Rece - A				
o'la	by I	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Dates		1 ☐ Yes 2 ☑ No			Specify:			Spec	ify: Bla	ck	
Sales Ball		15. Decedent's			16e. Decedent's Usual Occupa		ecupatio	on			16b. Kind of			
c o	pie	(Specify only highest Elamantary/Secondary (0-12)	grade completed) Collaga (1-4or		(Give life. L	kind of work do OO NOT usa re	one dur	ring most	of working	ng				
5 5	Completed	12th Grade	NA NA	3+)	School Bus		us	Dri	ver		Facl	ities		
Vent	Bec	17. Father's Name (First, Middle, La Charles	Cla				18	18. Mother's Nama (First, Middla, Dorothy			A, Maidan Sumame) Patterson			
the •	To	Charles	Cla	ick				סע	roui	ıy	Patt	erson		
E C		19a. Informant's Name/Relationship	(Type, Print)	198	b. Maiiin	g Address (Str	reet and	d Numbe	r or Aura	Route Numbe	r, City or Tow	n, State, Zip	Code) 21214	
other tr		Charles C	lark	2	814	Echo	dal	e A	venu	ue Bal	timor	e, Ma	ryland	
r of		20a. Method of Disposition	[]D	comoto	of Dispos	sition (Name or	f placa)			Date	20c. Location	- City or To	wn, State	
היא		1 X Burial 2 ☐ Cremation 3 4 ☐ Dopation 5 ☐ Other (Spe			Me	m. Pk	. c	em.	06-	-28-97	Randa	allst	own, Md.	
any Injury or o	-	4 Dopation 5 Other (Specify) King Mem. Pk. Cem. 06-28-97 Randalls 21. Signature of Funeral Service Adensee 22. Name and Addrass of Fecility Baltimore, Mary											and 21202	
E = 8		De la constant	YOU	an	- 0	M.C.	Mar	rch		1101 E				
		23a. Aug Land of Sease, or co	mplications that rau	the want. Do									Approximate	
ician		23a. Turn Effect of Sease, or complications that all the mode of dying, such as cardiac or respiretory arrast, Approximate Interval Batween Onset and Death												
licai		Immediate Cause (Final disease or condition a Luna Cancer 3 Months												
ner		assulting in death) a. LOTA CEVICE JMONTHS Jua to (or as a consequence of):												
	Jer			Dua to (or as a	Conseq	derice or).						1		
100	Examiner	Saquentially list conditions, Dua to (or as a consequence of):												
Duriel-trar		Saquentially list conditions, if any, leading to immadiate cause. Enter Underlying												
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9 88	Medicai											1		
for us			0											
peq	Physician	Part II. Other significant conditions	contributing to death I	but not resulting l	n the un	derlying cause	given	In Part I.		23b. Dld te	obacco use c	ontributa to	the cause of death?	
be deteched										1 🗆 Y	'es 2 No	3 Prob	ably 4 🗆 Unknown	
2	by											1		
should	Completed									24a. Was a perfor	in autopsy med?	ave	re autopsy findings cilable prior to	
V	npie											of o	npletion of cause death?	
	5									1 🗆 Y	es 2 No	10	Yes 20 No	
director,	Be (25. Was case referred to medical examiner?					2	6. Place	of Death	(Check only or				
016	2	1 Yes 2 No	Hospital: 1 ☐ Inpati	ient 2 ER/Ou	utpatient	3□ DOA	Other:	4□ Nur	sing Hom	ne 5 Resida	ance 6 No	her (Specify	HOSPICE	
nerel		27. Manner of Death 1 Natural 5 □ Pending	28a. Date of Inju (Month, Da	ury 28b.	Time of	28c. Ir	njury at Work?	t	2	8d. Describe h			7	
he fu	ati	2 Accident Investigat	ion		,,			s 2 N	lo					
y Dy	ertification:	3 Suicide 6 Could not determine	25e. Place of in	jury - At home, fa tc. (Specify)	ırm, stre	et, factory, offic	Ce		2	8f. Location (S. City or Town	treet and Num n, State)	ber or Rurai	Route Number,	
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completely filled	edical	2 Medical Ex	Physician: To the best aminer: On the basis of	of my knowledge	death	occurred at the	time,	date and	piaca, a	nd due to tha c	ause(s) and m	anner as st	ated.	
completely filled in by the fune	Pe		and manner st	lated.					i occuire	at the time, d	are and piece	, and due to	uie cause(s)	
00	Σ	29b. Signature end title of certifier	2000-00	res		29c. Lice					9d. Date sign			
		20. 2	some.			1	240	048	0		1,200	24	1997	
		30. Name and address of person wh	o completed cause of o	death (Item 23a)	(Type, F	rint)	58	10 1	BEZA	12 RD.	١١١١			
2		FERNANDO	V. Fin	no mo			3	4200	.,10	10 212	06			
Stat	e	31. Dete filed (Month, Day, Year)	9 g 32 Modisti	rar's Rippature					1					
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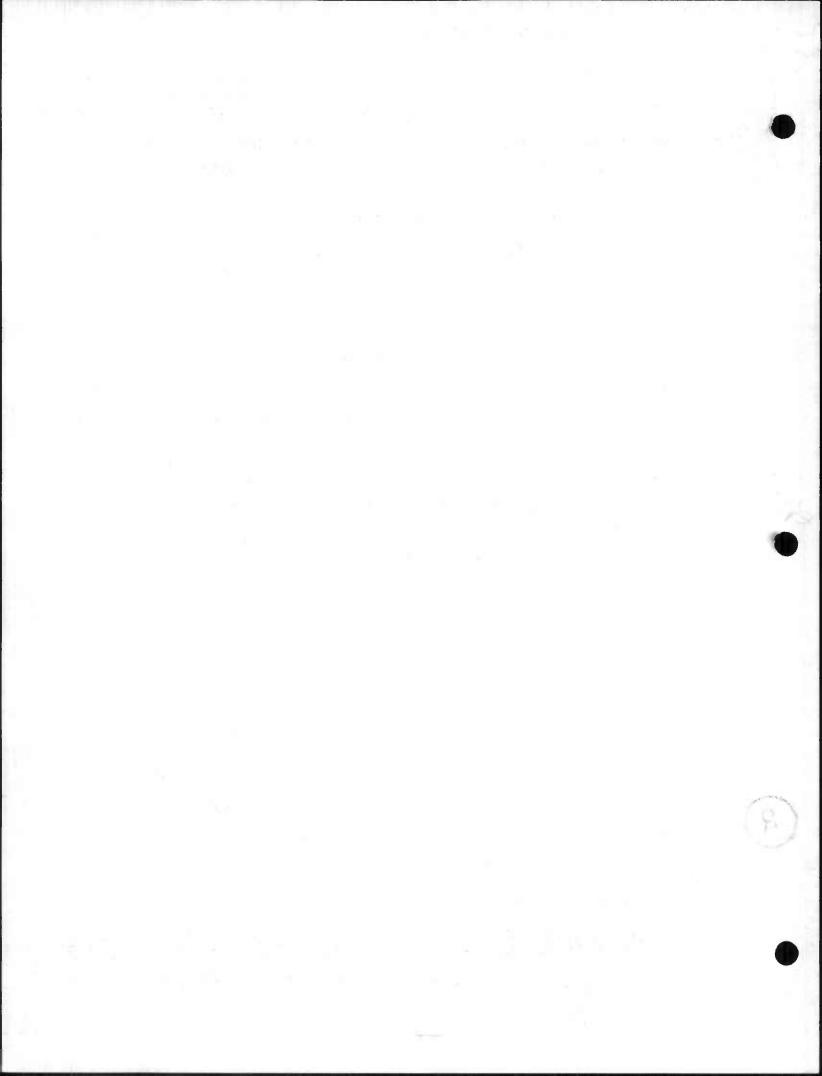
_	-	I	TEM: 17 per FH G-748v6			Certifica		Death	F	leg. No.				
	Physic	ian							2. Date of Dea Month	Day	Yaar	3. Tima of Death		
	/Medi		FOREST CLIFTO	N PRICE					JUNE		1997	8:25 AM		
	Exami	ner	4a. Facility Name (If not institution, given	a street and number)			4b. City, Town, or Le	ocation of Death	4c. County	of Death			
			1815 PUTTY HIL	L AVENUE				PARKVI	LLE	BAL	Ξ			
2	Funeral Director		191-05-0627	Sex 7. A 1 □ X M 2 □ F	ge (In yrs. last bii 93	thday) If Unde Yrs. Months	r 1 Yaar Days		8. Date of Birth (Month, Day 12/18/	() Year) (03		eca (State or Foreign try) SYLVANIA		
	pu »		Usuel Rasidence of Decedent 10a. State 10b. County		10c. City, Tow	n or Location					40	NA 1-14-03-17-15		
	denyla f show	or	MARYLAND BALTI	MORE		KVILLE					10	od. Inside City Limits 1 ☐ Yas 2 No		
	the A	5	10e. Street and Number				0.4							
	3a or	al Dir	1815 PUTTY HILL	AVENUE		101. 21	212:	34		10g. Citizen of USA	what Count	ry r		
50	i within 72 hours after death with the Meryland ilene. Then "netural", or items 23a or 23a-f show the Medical Examiner trust be notified at	/ Funeral Director	11. Marital Status 1 □ Never Married 2 ☒ Married	12. Was Decedent Armad Forces 1 Yes 2 If Yes, Give	?		/as Decedent of Hispanic Ortgin? (Spec Yes, specify Cuban, Mexican, Puarto R ☐ Yes 2 ◯ XNo Specify:				ce - America ck, White, e			
21215-0020	ral.	1 by	3 Widowed 4 Divorced	Yaar or Datas:				open,		Specif	WH]	(TE		
5-6	72 h	Completed	15. Decedent's E (Specify only highest gro	ducation	16a	Decedent's Usu	at Occup	pation during most of worked)	ring	16b. Kind of B	usiness/Ind	ustry		
21	S	ple	Etementery/Secondary (0-12)	Coltege (1-4or	5+)	life. DO NOT	ise retire	ed)	ary					
21		0	8TH GRADE	College (1 to	· · /	SHIPPI	ING (CLERK		FACT	ORY			
	be filed tal Hygi d other event, t		17. Father's Name (First, Middle, Last)				18. Mother's Nam	e (First, Middle,					
au	d be entai	o Be	SIDNEY SNYDNEY PRICE					LULU CO	MEED					
7	s should be end Mental s marked o	To		Time Print)	106	Mallina Address	a /Chan			. City or Town	Ctata Tia	Codel		
Maryland	12 s hen ls r		19a. Informant's Name/Retationship (Type, Print) ALDA M. PRICE WIFE 19b. Mailing Address (Street and Number or Rural Route Number, City or Tow 1815 PUTTY HILL AVENUE BALTIMORE,											
	tem 27 l				1234									
0	Some		20a. Method of Disposition 1 Region 3 Cremation 3	Removal from State	comoto	ry, crematory or	me or other ple	ce)	Data	20c. Location	- City or Tov	vn, State		
E	Pages nent of I int: If ite	20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. Place of Disposition (Neme of cemetery, crematory or other place) MORELAND MEMORIAL PARK 6/24/97										HILLENDALE, MD		
Baltimore,	permit. Page Department of Important: If any Injury or once.		21. Signature of Funeral Servica Lice	nsee				ess of Facility FUNERAL HO		l LOCH				
			1//			TOWS	1 . MC	MD 21286	0.10	1 20011	14112			
г			23a Part Enter the disease, or com	plications that cause one ceuse on each	d the death. Do ine.	not enter the mo	de of dyi	ng, such as cardiac	or respiratory arr	rest,		Approximate Interval Between		
	Physician /Medical		Onset and Dea											
			tmmediate Cause (Final disease or condition	Car	diac.	anx	17/	anda.			1	UROES		
	Examiner		resulting tn death)	a	Due to (or as a	consaquenca of	7111	mui-				M		
		ē			XX	Consaquenca	•				1	man Ho		
	be executed sician end buriel-transit	盲		b	/ /	, ,		-			61	pourus		
	ence el-tra	Saquantiatly list conditions, if any, leading to more diate case. Enter Indertying										was c		
68760,	tificate be executed ig physician end es the buriel-transit	18	Saquantiatly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury									mes		
87	physi s the	edical	that initiated events resulting in death) Last		Dua to (or as a consequence of):									
				d							1			
Box	attending for use	lan		0.										
	he a	200	Part It. Other atgnificant conditions of	ontributing to death l	out not resulting li	n the underlying	cause giv	ven in Part I.	23b. Did to	obacco use co	ontribute to	the cause of death?		
P.0	es thet the death ce igned by the attendir be detached for use	Physician/N							101	00 2 No	3 Prob	ably 4 Unknow		
S	es t	b									T			
Vital Record	de	Completed							24a. Was a perfor		ava	re eutopsy findings litable prior to aptetion of causa		
%\	y 17.5	дшо							1 D Y	as 211 No		leath?		
ā	G # 0	Ö	25. Was case referred to medicat					OO Diseased Design			1	Yes 2 No		
5	Physician; this certifical rai director	OB	axaminar?	Hospitel:			Oth	26. Place of Deat	1/					
o	this rai di	-	1 Yes 2 No	1 ∐ tnpati	1	-	UA	4 U Nursing Ho	ome 5 Resid)		
_	ding F h. After funer	O	27. Manner of Death 1 ☑Natural 5 ☐ Pending	28a. Date of tnj (Month, Di			28c. tnju Wo		28d. Describe h	ow injury occu	rred			
.0	Attending ir death.	at	2 ☐ Accident Investigatio			M	1 🗆	Yes 2 No						
Division	or Attend after death Director: / d in by the	Certification:	3 Sulcide 6 Could not be determined	28e. Placa of in	jury - At home, fa	rm, street, factor	y, offica	2	28f. Location (S City or Tow		ber or Rural	Route Number,		
	rs after said of said	Ç												
	To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by	edical	29a. Certifier (Check only one)	nystolan: To the best intner: On the basis of	of exemination an	dor investigation	at the ti	me, date end ptaca, opinion, deeth occur	and due to the cred et the time, c	ause(s) end m late end ptece,	enner es sta end due to	ated. the ceuse(s)		
	within 2 To the comple	Med		and manner st	1		lo I to an	sa number		Od Data sia-	ad /Adamsh "	Day Voerl		
	P S S		29b. Signeture end title of certifier	o an	all	29	Licens	se number	25 1	29d. Date signe	ou (Month, L	ray, Tear)		
	_		COL	cool	T/ H	0. 4	UK	ソーフィ	>	06-	13.	-7/		
	5		30. Name and address of person who	complete of the complete of	deeth (Item/23e)	(Type, Print)	B	2-38	101.	2/2/	X CI	ARLOS		
			31. Dete filed (Month, Day, Year)	32Mbeio	rer's Sharatura	uly,	, ,-	1			I	IKANAGA		
	Sta - Regist	-	2 6 1997	a David	rer's Stanature	2								

State of Maryland / Department of Health and Mental Hygiene 97

						Cei	rtificate	9 01	Death			Reg. No	0.			
	Physic /Med		1. Decedent's Name (First, Middle, Last) DSCar R. Patt								2. Date of Death Month Day 22		ay	Year 1997		ne of Death
)	Exami	ner	4a. Facility Nama (# not institution, LEVINDALE	give street and nun	n <i>ber)</i>					wn, or L LTIN	ocation of Death	1 40	4c. County of Death N/A			
	Funeral Director		213-34-1124	8. Sex M 2□ F	7. Aga (In yrs. I. 85	ast birthday) Yrs.	If Under Months	1 Yaa Days		24 Hrs. Min.	8. Date of Bir (Month, Da NOV - 1	th ly, Year , 191	1	ata or Foreign		
e, Maryland 2121	e-f show	ctor	Usual Residence of Decedent 10a. State 10b. County MD BA	LTIMORE	10c. City	, Town or Lo BAI	cation LTIMOF	RE						10		de City Limits
	72 hours effer death with the Maryland netural; or items 23a or 28s-f show dical Examiner must be notified at	rai Director	10e. Street and Number 4363 CRESTHEIG	HTS RD.				ip Code 21215				10g. Citizan of What Country? USA				
	n 72 hours effer death with the Marylen "netural", or flems 23a or 28a-f show spical Examiner must be notified at	by Funeral	11. Marital Status 1 □ Nevar Married 2 ☒ Marrie 3 □ Widowed 4 □ Divorced	Armed Ford 1 Yas If Yes, Giv	12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yas ②☐ No If Yes, Give Yaar or Dates: lucation de completed) Collega (1-4or 5+)		If Yas, specify Cubs 1 ☐ Yes 2 XNo 16a. Decedent's Usual Occup			upation e during most of working				k, White, e	narican indian, hite, etc. WHITE	
	within ene. then	Completed	15. Decedant's (Specify only highast Elamantary/Secondary (0-12) 12	grade completed)									J • SCHOENEMA J • SCHOENEMA We Meiden Sumeme) UNKNOWN			
	nd z should be filed sith end Mental Hyg 27 is marked othe ir traumatic event,	To Be Co	17. Father's Name (First, Middle, L. SAMUEL	ast)	PATI											
			19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, Cl 19b. Mailing Address (Street end Number or Rural Route Number, Cl 4363 CRESTHEIGHTS AVE. BALTO.													
	permit. Peges 1 and Department of Heelt important: If item 2 any injury or other once.		20a. Method of Disposition XX Burial 2 Cremation 4 Donation 5 Other (Spe	ecify)	RADOMER VERE			ther piece) IN 6/24/97				20c. Location - City or Town, State ROSEDALE, MD			a	
Dai	Departition in portion		21. Signature of Funaral Service LI	Tayre Fo	oll						DS., INC		SVILL	E, MI	21	208
ħ.	Physician /Medical Examiner	ner	23a. Part1. Enter the diseasa, of c shock, or heart failure. List of Immediate Ceuse (Final disease or condition resuiting in death)	nly one cause on a	ach line. Ement				nig, 33011 20	out order	or respiratory a	ratory arrest, Approximata Interval Betwee Onset and De				Between
x 66/60,	the deeth certificate be executed y the ettending physician end sched for use as the buriel-transit	/Wedical Examine	Sequentially list conditions, if any, leading to immadiata cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	c	Due to (or as a consequenca of): C											
9	rending Physician: The language that the of Beath. Oor: After this certificate in the rending by the the funeral director, page 2 and 3 and 6 certificate.	Physician	Part II. Other significant condition	s contributing to de	ath but not resu	iting in the u	nderlying ca	use g	iven in Part I		23b. Dld	tobacc	o uae cor	ntribute to		use of death
ords, r.C.		ed by Ph	<u>ā</u>								24a. Was	an auto		3 ☐ Prob		4 Unknown
Division of Vita		Comple									101		No No	of o	mpletion death?	of cause
		To Be	25. Was case referred to medical examinar? 1 Yes 2 No			ER/Outpatien		A	ther: 4 Nu	-	h <i>(Check only c</i> ome 5 ☐ Resk	dence			')	
		Certification:	27. Manne of Death 1 Natural 2 Accident 3 Sulcide 4 Homicide 2 Homicide 2 Accident 4 Homicide	t be on Diese	Injury Work? M 1 ☐ Yes 2 ☐ No						how Injury occurred Street end Number or Rural Routa Number, wn, Stete)					
	Hospita 24 hours Funeral (ely filled	edicai Cel										nner as sta	ated. tha cau	se(s)		
	To the Within 2 To the comple	Mec								ata signed	1 (Month, L	Day, Yes	97			
,	5		30. Name and address of person with DEBRA S Wa	no complated cause	e of death (Item	23a) (Type,	Drint)			like	derel	we	K	2 /50	D	1
	Sta Regist		31. Date filed (Month, Dey, Year)	32. Re	egistrar's Signati			•	- pr	-,			1		2	1215

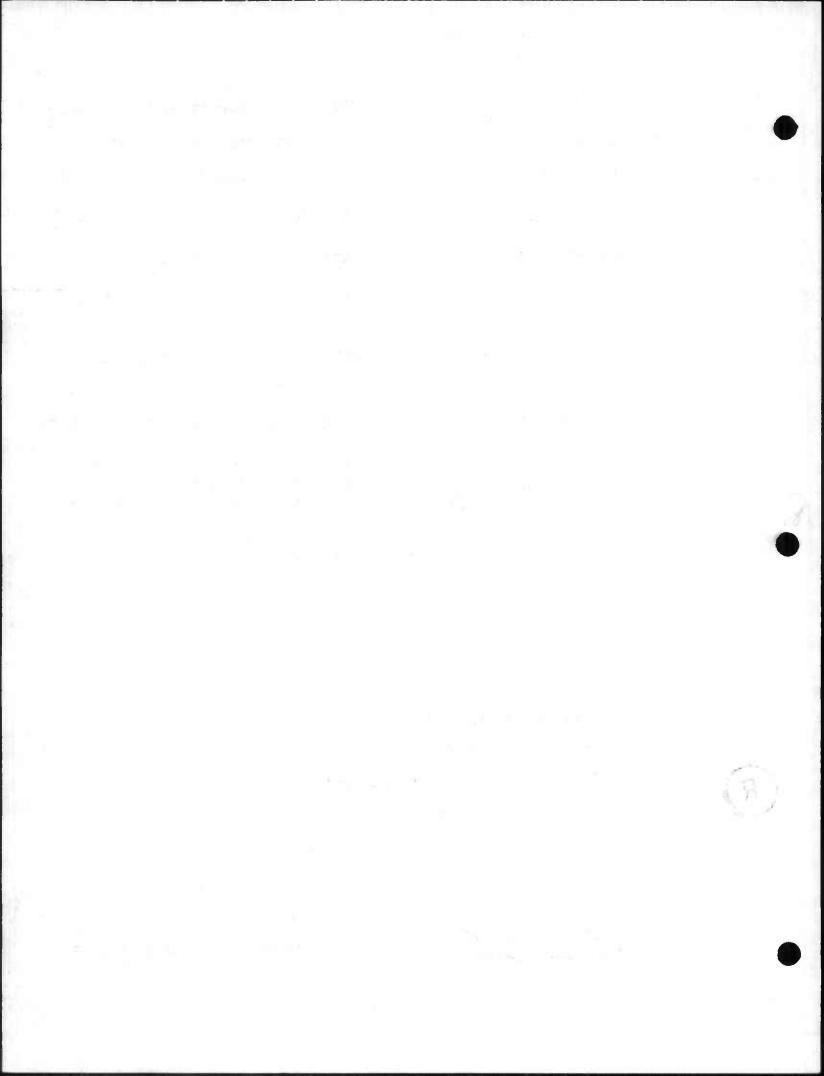
State of Maryland / Department of Health and Mental Hygiene 97 19448

						Ce	rtificate d	of L	eath)			Reg. No.			
UV me		1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death											3. Time of Death		
Physic		TDITTI								Month Dey JUNE 23		Year	2-20 PM		
/Medi Exami		4a. Fecility Name (If not institution, a	ive street end n	umber)		FUSH	7	-	n, or Lo	cation of Death		1997 ty of Death	3:30 PM	
Exami	ilei	1	13 - 11 - 12 2												
		5. Social Security N	LARKS LA.	Sex	310 7. Age (In yrs. le	et hirthday	If Under 1 Y	ear	BALT:	LMOR		N/A		alana (Otata an Fara)	
Funerai				1X M 2 F	82	Yrs.		eys		Min.	8. Data of Birl	y. Year	9. Birth	place (Stete or Foreign	
Director		212-18-			OZ TIS.						AUG. 2, 1914		MARYLAND		
pue *_		Usual Rasidence of Decedent 10e. Stete 10b. County 10c. City, Town or Location									1	10d. Inside City Limits			
sho	5												ty Yes 2 □ No		
No Paris	SC C	N/A DALITIORE								,X 163 2					
72 hours after death with the Marylend 72 hours after death with the Marylend natural', or items 23s or 28s-4 show dical Examiner must be notified at	Director	10e. Street and Nu	^{mber} LARKS LA.		10f. Zip Code 21215						10g. Citizen of		ntry?		
23a		4001 CI	אנו שואנו	#310	#510			21212				US	A		
e E	Funeral	11. Marital Status		12. Wes Dec	12. Wes Decedent Ever in U,S. Armed Forces?			13. Was Decedent of Hispanic Origin? (Specify Yes, specify Cuban, Mexican, Puerto R					lace - Americen Indian, llack, White, etc.		
or in		11 Never Marr	ried 2 Married	1 Yes 2 No		1 ☐ Yes 2 ☐ (No			Specify:	401101	110011, 010.7				
urs Fr.	by	3 Widowed	4 Divorced	Yeer or I			ILL 165 ZLX	740	Specify.			Speci	ry:	WHITE	
d within 72 hours at giena. or than "natural", or the medical Exem	Completed	(0,0	15. Decedent's E	Educetion		16a. Dece	dent's Usual Oc	t's Usual Occupation				16b. Kind ot I	Business/In	dustry	
within ene.	Pe	Elementary/Seco	cify only highest gr		(1-4or 5+)	(Give kind of work done during most of life. DO NOT use retired)			or working						
d withli giena. r then	E	12	oridary (o 12)	Comogo	00.000 (1.40, 0.7)		WATCHMAKER					JEW	JEWELRY		
電子養養		17. Father's Name	(First, Middle, Las	it)				18. Mother's Name (
Mental Mental arked c	To Be	MICHAEI			DIIS	SHKIN	HKTN		SARAH				PUSHK	TNI	
d 2 should b th and Menta 7 is marked trsumatic e	F	19a. Intermant's N		(Type Print)	100		ng Address (St	roet o			I Poute Numbe				
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80 % 20		20a. Mathod ot Dis	position ☐ Cremation 3 [☐Removal trom	State 200. Pla	metary, crer	sitlon (Neme o netory or other	plece)	1	Dete	20c. Location	- City or To	own, State	
Pag ment: if ury o			5 Other (Spec			RKMEN	CIRCLE	3	6	/25	BALTIMORE, MD				
permit. Page Department of Important: If any injury or once.		21. Signature of Fu	neral Service Lica	nsee	0	22	. Name and Ad	ddress	s ot Fecility		00 ===				
Depa Impo any l		SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208													
		23a Part Friend	he disease or con	nolications that	county the death	Do not ent	8900 R	EI.	STERST	OWN	RD., I	PIKESVI	LLE,	MD 21208 Approximate	
		23a. Part Enters	failure. List only	y one cause on	aach e.	. Do not on	01 010 1110 00 01	uying	, 30011 63 00	II GIAC O	i iospiiatory ai	11031,		Interval Between Onset end Death	
Physician /Medical		Immediate Cause (Finel disease of condition resulting in death) a. Lymphoma Due to (or as a consequence of):										>-			
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Examine		resulting in death)		1	Due to (or	as a consec	quence of):								
₽ #	ne		_		*										
certificate be executed ding physician and se as the bunal-transit	Examiner	Sequentially list co	enditions.	b	Due to (or	as a consec	juence ot):								
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0 0 0	ysi	Pert II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I.									contribute to the cause of death				
that the ed by th detache	ted by Physiclar								Yes 2□ No	s 2 No 3 Probably 4 Unknow					
es the		/q													
been sign										24b. W	b. Were autopsy tindings evalleble prior to completion of cause of daath?				
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icate											101	Yes 2 No	11	☐ Yes 2☐ No	
certificate rector, pag	Be	25. Was case reter exeminer?		Hoopital				Other		f Death	(Check only o	ne)			
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Ter t	:uc	27. Manner of Deat	h 5 ☐ Panding	28a. Date (Mor	ot Injury oth, Day Year)	28b. Time of Injury	28c. i	injury Work	at ?	2	28d. Describe how injury occurred				
A: A	ath	2 Accident	investigation	on					es 2□No						
after dea Director:	illo	3 ☐ Sulcide 4 ☐ Homicide	6 Could not to datarminad	289. Plac	e ot Injury - At hon	na, farm, str	eat, tactory, off	ice		2	8f. Location (S	Street end Num	ber or Rure	el Route Number,	
d in d	Certification:	4 Homicide		Dulid	ling, atc. (Specify)						City or Tox	vn, State)			
spitz nours		29a. Certifier	Cartifying P	hvsician: To the	a bast of my know	ledga, daath	occurred at th	a time	e, date and o	olace, a	nd dua to tha	causa(s) and m	anner as s	stated	
To the Hospital or Attenting Physicials within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director,	edical	(Check only one)	2 Medical Exa	miner: On that	pasis of examination	on and/or inv	estigation, in n	ny opi	inion, daath	occurre	d at the time,	data and place	, end dua to	o tha causa(s)	
ithin o the ompl	Me		title ot certitier	1 //		-	29c 1 in	ense	number			29A Date sign	ed (Month	Dev. Year)	
F ₹ F 8		29b. Signature and title of certifier 29A Date signed (Mon								2 61.	1007				
		- I Van	newe l	1. Kn	me		U	1	して	フ		yune	LT)	111	
0		30. Name and addr	ase of person who		ise of death (Item)	23a) (Type,	Print) /		CVI	70	0	11:	- 11	DODER	
4		Marshall	A. Levi	he 4	4000 Ola	1 Cou	ntRd.		>uite	30	6 Bu	HIMOR	eg M.	V440	
Sta	ite	31. Date tiled (Mon	th, Dey, Year)	/32, 1	Registrar's Signatu	TLG .							-		
Registi	-	JUN S	6 1997	guna	Wavydson :	jandell									



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month 3. Time of Deeth **Physician** STANLEY ZELIG PENN JUNE 23, 1997 8:28pm /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner MERCY HOSPITAL BALTIMORE N/A If Under 1 Year If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Day, Year) Birthpiece (State or Foreign Country) **Funeral** Months Deys 1**√** M 2□ F 67 Yrs. 216-24-8563 Director JAN. 11,1930 MARYLAND Usuei Rasidence of Decedent the Marylend 10a. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examiner must be notified at BALTIMORE 1 Yes 2 □ No Director MARYLAND N/A 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 10 E. LEE STREET, APT. 2600 21202 USA permit. Pages 1 and 2 should be filed within 72 hours after death 1 Department of Health end Mental Hygiene. Important: if Item 27 is marked other than "natural", or Items 23s any injury or other traumatic event, the Medical Exemples. Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify. ð 3 Widowed 4 Divorced WHITE Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elemantery/Secondary (0-12) Collaga (1-4or 5+) 5+ OWNER AUTOMOBILES 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be JOSEPH PENN SARA 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) MRS. HELENE PENN (WIFE) 10 E. LEE STREET, APT. 2600 BALTIMORE, MD 21202 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 Cremetion 3 Remove from State 4 Donetion 5 Other (Specify) 6-25-1997 BALTIMORE, MD BETH TFILOH 22. Name and Address of Facility & BROS., INC. 21. Signeture of Funerei Service Licenses 8900 Reisterstown Road Pikesville, MD 21208 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximata tntervet Batween Onset end Death **Physician** /Medical Immediate Cause (Finel diseese or condition resulting in deeth) Examiner Examiner sician and burial-transit Sequentielly list conditions, if eny, leeding to immadiate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or es e consequença of): physician s the burial Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of) Pert II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? alpha by 1 Yes 2 No 3 Probably 4 Unknown by 24a. Wes en autopsy performed? 24b. Were eutopsy findings eveilabla prior to Completed completion of ceuse of death? REMAR DISCASE. 1 Yas 2 No Be 25. Wes casa referred to medical 26. Place of Death (Check only one) examiner? 1 2 Yas 2 No Hospitei: 1 ☐ Inpatient 2 ☑ ER/Outpatient 3 ☐ DOA Cther: 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 2 Division of 28e. Dete of Injury (Month, Dey Year) 27. Manner of Deeth 28c. Injury et Work? 28b. Time of 28d. Describe how Injury occurred Certification: Aller 5 Pending al or Attendin after death. Director: Aft 1 Yes 2 No investigation 2 Accident in by the 6 Could not be determined 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 3 Suicide 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicida To the Hospital o within 24 hours at To the Funeral Di 157 Certifying Physician: To the best of my knowladga, daath occurred at tha tima, date end piece, end due to the cause(s) end menner es steted.
2 Medical Examiner: On the basis of axamination end/or investigation, in my opinion, daath occurred et tha tima, data and place, end dua to the ceuse(s) end menner steted. edical 29e. Certifier (Check only one) 29b. Signeture end title of pertifier 29c. License number 29d. Date signed (Month, Dey, Year) H-46145JUNE 23, 1997 30. Name end eddress of person who complated causa of death (ttam 23a) (Type, Print) baltimore, md ken butler, md univ. of md hosp. 32. Registrar's Signeture 31. Dete filed (Month, Dey, Yaar) State JUN 2 6 1997 Registrar



State of Maryland / Department of Health and Mental Hygiene 97 191,50

						Cei	rtificate of	Death		Reg. N	J I	13430	
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	Physic /Medi		Marguerite	Pasky					June	22	1997°°	12:01am	
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			1919 Halethorp					Haleth	orpe		Baltim		
83	Funeral Director		5. Social Security Number 6. S 236-32-1212 Usuel Residence of Decedent	Sex 7. 1 □ M 2 □ X F	Yrs.	If Under 1 Yee Months Deys	r If Under 24 Hi	If Under 24 Hrs. Hours Min. 8. Dete of Birth (Month, Dey, Year) Aug. 17,191			9. Birthplece (State or Foreign Country) West Virgini		
	Maryland H show	tor	10e. Stete 10b. County Maryland Balti			10d. Inside City Limits 1 ☐ Yes 2X No							
	3a or 28a	al Direc	10e. Street end Number 1919 Halethorp	e Avenu	e		10f. Zip Code 2122	7	10g. Citizen of What Country? United States				
21215-0020	72 hours after death with the Maryland naturel', or itema 23a or 28a-f show pical Examiner must be notined at	by Funeral Director	11. Meritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced 12. Wes Decedent Ever in U,S Armed Forces? 1 Yes 2 No If Yes, Give Year or Detes:		s? No	. 13. Wes Decedent of Hispenic Origin? (5 If Yes, specify Cuban, Mexican, Puer 1 ☐ Yes 2 ☒ No Specify:			(Specify Yes or forto Rican, etc.)	No-	Bieck, W	lece - American Indian, cleck, White, etc. Cify: white	
5-0	"naturel",	eted	15. Decedent's E	Jucation		16e. Deced	dent's Usuel Occu	ipetion a during most of w	rorkina	16b.	Kind of Busines	ss/Industry	
121	filed within Hygiene. ther than "	Completed	Elementery/Secondery (0-12)	College (1-40	or 5+)		s kind of work done during most of w DO NOT use retired) Memaker				wn hom		
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Baltimore,	permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: if fem 27 is marked other than 'any Injury or other traumatic event, the Me ODGS.		20e. Method of Disposition 1 Buriei 2 Cremetion 3 C 4 Donetion 5 Other (Specif	Removel from Ste			sition (Neme of netory or other plane) ren Cem		Dete 6/25		Location - City en Bur	or Town, Stete	
Balti	permit. Departminents any inju		21. Signature of Furtheral Service Licente	nsee	22 A	. Neme end Adda							
			23a. Pert1. Enter the diseese, or com- shock, or heart feilure. List only		sed the deeth.	Do not ente	er the mode of dy	ring, such as cardi	ac or respiratory	arrest,	<u>u</u>	Approximate Interval Between	
	Physician /Medical Examiner	Examiner	Immediate Cause (Finel disease or condition resulting in death)	e	Due to (or a			ng				Months +	
Box 68760,	seth certificate be execu- effending physician and for use as the burtal-tran	Medical	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest	c	Due to (or e								
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Division of Vital Records,	sw requir a been s 2 should	Completed by	Hyperli	Λ	ija				24a. We pe	es an au rformed?		b. Were autopsy findings aveilable prior to completion of cause of death?	
ital Re	detant: The law dertificate has rector, page 2	Be Com	25. Wes case referred to medical	, art.	artery Disease with prior INTE								
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ion o	Adding Ph	ation:	27. Manner of Deeth 1 Anatural 5 Pending 2 Accident investigation	28e. Dete of Ir (Month, I	8b. Time of Injury	Time of 28c. Injury et 2			28d. Describe how Injury occurred				
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			30. Name and address of person who	pleted cause o	f deeth (item 2	3e) (Type, I	Print) - // .	15/4 (i	H 100	7	UN 2.	5,41	
	C		31. Dete filed (Month, Day, Year)	shaffani	Signatur	12	, - 1/10	.071	yvac	1 1	1092		
	Sta Registr		JUN 2 6 1997	Julia	Davidson	Pandel	il.				13		

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene PER F.H. FLM#G&49 7/11/97 J.ACertificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Death 3. Time of Death Day Month Yaar **Physician** EDWARD LEE 1997 23 6:40 pm Robert Purdum June /Medical 4e. Fecility Nama (If not institution, giva street and number) 4b. City. Town, or Location of Deeth 4c. County of Death **Examiner** Stella Maris Hospice If Under 1 Yeer | If Under 24 Hrs. 9. Birthplaca (State or Foreign Country) 8. Data of Birth (Month, Day, Year) 1-30-1916 5. Social Security Number 7. Aga (In yrs. last birthday) **Funeral** Days Hours XX M 2 F 81 Yrs Director 214-26-7548 Maryland Usuel Rasidance of Dacedant permit. Pages 1 end 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Examiner must be notified at once. 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yas 2 No Maryland Baltimore Director Lutherville 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 1108 Longbrook Road 21093 U.S.A. Funeral Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. Was Dacedant Evar In U,S. Armed Forcas? 14. Race - American Indien, Bleck, White, etc. 11. Marital Stetus 1 Never Merried 2 Married t⊟Yes 2□No WWII MYes, Give Year or Datas: Baltimore, Maryland 21215-0020 1 Yas 2 No White þ 3 Widowad 4 □ Divorced Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) Title Guarantee Co. Attorney 17. Fether's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Thomas Purdum Lyle 20 Frieda Wessels 19a. informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) Mrs Joan L. Pfeiffer (Daughter) 4226 Osborne Road, Boring, Maryland 21020 20b. Place of Disposition (Nama of cemetery, cramatory or other place) Data 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata Parkwood Cemetery 6-27-97 Parkville, Maryland 4 ☐ Donation 5 ☐ Other (Spacify) 21. Signeture of Funaral Sarvice Licansee 22. Neme end Addrass of Facility Ruck Towson Funeral Home, Inc. 1050 York Road, Towson, Md. 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate arval Batwe Onset and Death **Physiclan** montes /Medical Immediata Causa (Final disaase or condition rasulting in death) Lung Cancer Examiner Dua to (or as a consequence of): Examiner physician and s the burlal-transit The lew requires that the death certificate be executed Sequentielly list conditions, if eny, laading to Immediate ceuse. Entar Underlying Cause (Disaasa or Injury that initieted avants Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical that initieted avants rasulting In death) Last Due to (or es e consequance of) attending ph for use as tf signed by the at id be detached for Part II. Other signifigant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yss 2 ☐ No 3 ☐ Probably 4 ☑ Unknown þ 24b. Wara autopsy findings available prior to 24a. Was an autopsy performed? completion of cause of death? page 2 1 ☐ Yes 2 ZNo certificate Hospital or Attending Physician: 25. Was cesa rafarred to medice Be 28. Pleca of Death (Check only ona) examiner? Hospital: Other: Nursing Homa 5 | Residence 8 | Other (Specify) 1 Yas 2 No P 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA After this funeral 28e. Dete of Injury (Month, Day Year) 27. Mannar of Deeth 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred XX Natural 5 Panding after death. Director: Aft 1 Yas 2 No 2 Accident investigation 8 Could not be datarmined 3 Sulcide Place of Injury - At homa, farm, street, fectory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 24 hours To the Hospi within 24 hou To the Funer completely fil Medical 29a. Certifiar 1 🖟 Certifying Physician: To tha best of my knowledge, death occurred at tha tima, data and place, and dua to tha cause(s) and mannar as stated. (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner steted. 29b. Signature and title of pertifica-29c. Licansa number 29d. Dete signed (Month, Day, Year) 24. 97 D 15504 30. Nama and addrass of person who complated ceuse of death (Item 23e) (Typa, Print) Eddie Nakhuda, 2300 Dulaney Valley Rd

M.D.

32. Registrar's Signatura

Devidon

Timonium, Md 21093

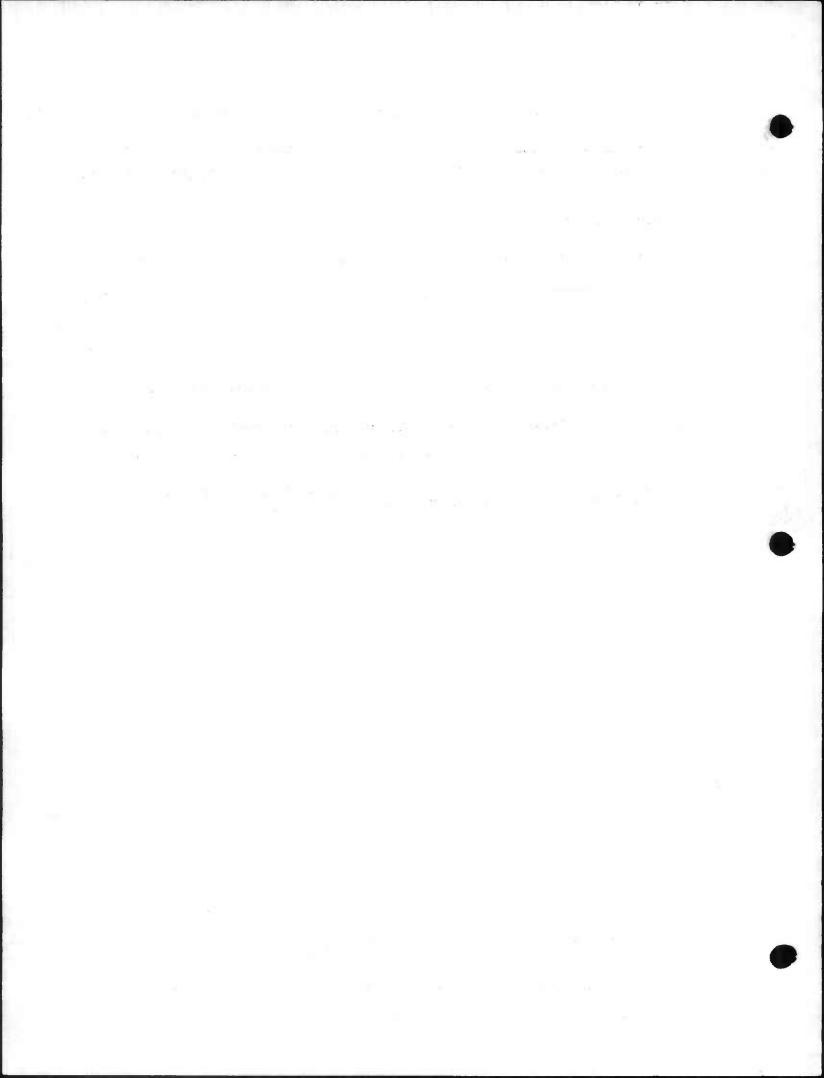
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State

Registrar

31. Data filad (Month, Day, Yaar)

JUN 26 1997



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First Middle Last) 2. Dete of Deeth **Physician** Rubin June 21 axid /Medical 4e. Fecility Name (if not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Daeth Examiner Balhmore Baltomore Hospita Veterans If Under 1 Year If Under 24 Hrs. 6. Sex 1 M 2 □ F 8. Date of Birth (Month, Dey, Year) OCT . 10, 1917 Security Numbar Birthplece (State or Foreign Country) Months 215-09-1790 Yrs MARYLAND Usuel Residence of Dacedeni 10a State 10b. County 10c. City. Town or Location 10d. Insida City Limits MD BALTIMORE BALTIMORE Director 1 ☐ Yes 2 No 10e. Straat and Number 10f. Zip Coda 10g. Citizan of What Country? 3114 ESSEX RD. 21207 USA Funeral Wes Dacedant of Hispenic Origin? (Specify Yes or Notif Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Race - Amarican Indien, Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No WHITE þ Specify: 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 6 MANAGER TIRES 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumema) Be SOLOMON **JENNIE** LOTTIE SHORM 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 19e. Informent's Name/Reletionship (Type, Print) RENA RUBIN (WIFE) 3114 ESSEX RD. BALTIMORE, MD 21207 20b. Piece of Disposition (Neme of cematery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete Dete X□ Buriai 2 □ Cremetion 3 □ Ramoval from Stete MOSES MONTEFIORE WOODMOOR HEBREW 6/23/97 4 ☐ Donetion 5 ☐ Other (Spacify) BALTO., MD 21. Signeture of Junaret Service Licensee 22. Name and Advanced Escillety BROS., INC. 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 23e. Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or raspiretory errest, shock, or heart feilure. List only one cause on each line. Myelodysplastic Disease
Due to (or esta consequence of): Immediate Cause (Final disease or condition resulting in deeth) Examiner Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es a consequence of): Physician/Medicai Due to (or es a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f: 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown artery disease à 24b. Were eutopsy findings available prior to completion of cause of death? Be Completed 24a. Wes an eutopsy performed? 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes cese referred to medical 26. Plece of Deeth (Check only one) 1 Yes 2 No P Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 inpatient 2 ER/Outpatient 3 DOA 27. Menner of Deeth Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Neturel 2 Accident 5 Pending Investigation 1 Yas 2 No 3 Suicida 6 Could not be determined 28e. Place of fnjury - At home, farm, straet, fectory, office building, etc. (Specify) 281. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 15 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end place, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, end due to the ceuse(s) and mennar stated. 29e. Certifier Medicai 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 0 Nataska 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

State Registrar

Funeral

Director

show

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Items 23a

Peges 1 and 2 should be filed within 72 hours efter a bent of Health and Mental thygiene.
Int: If them 27 Is marked other than "natural", or Itea iny or other traumatic event, in a world.

permit. Peges 1 and Department of Health Important: If Item 27 any Injury or other tr

Physician /Medical

Examiner

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be detached

signed by

res that the death certificate be executed

P.O. Box 68760,

ecords,

6

Division Attending

To the Hospital or Attend within 24 hours after death To the Funeral Director A

Baltimore, Maryland 21215-0020

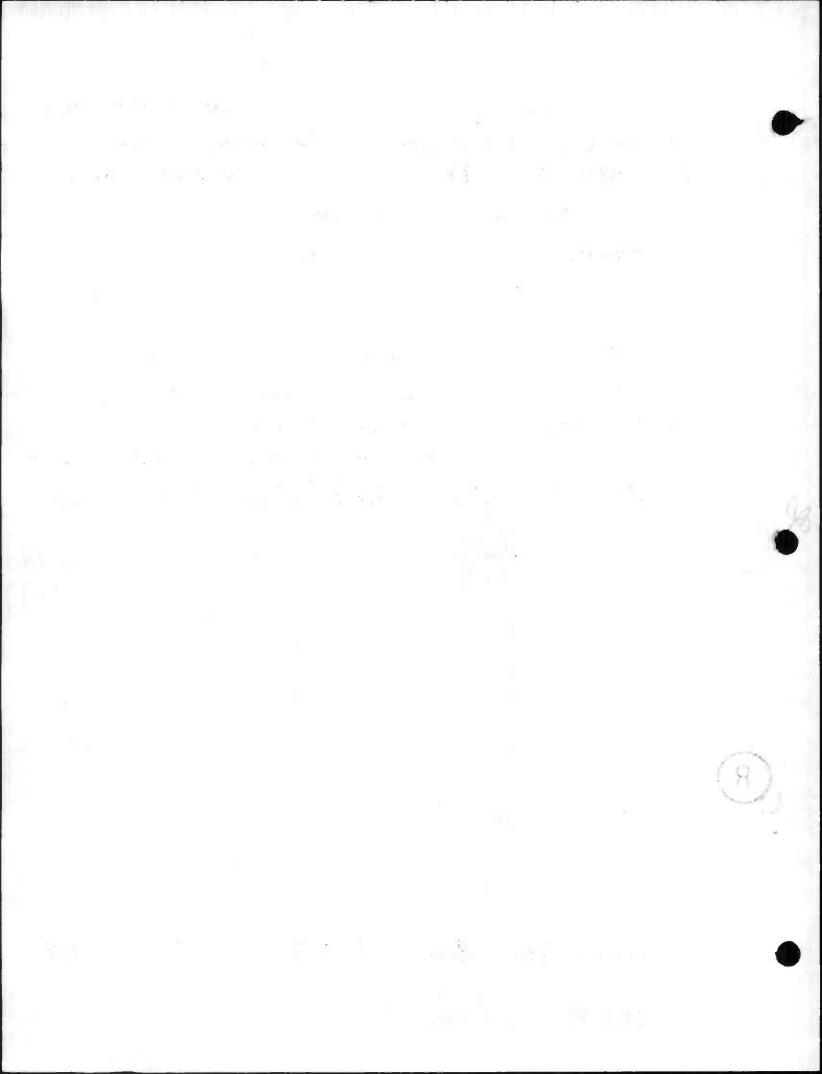
Examiner must be notified at

the Maryland

31. Dete filed (Month, Day, Year)

JUN 2 6 1997

32 Registrer's Signeture Mia Davidson Randelle



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

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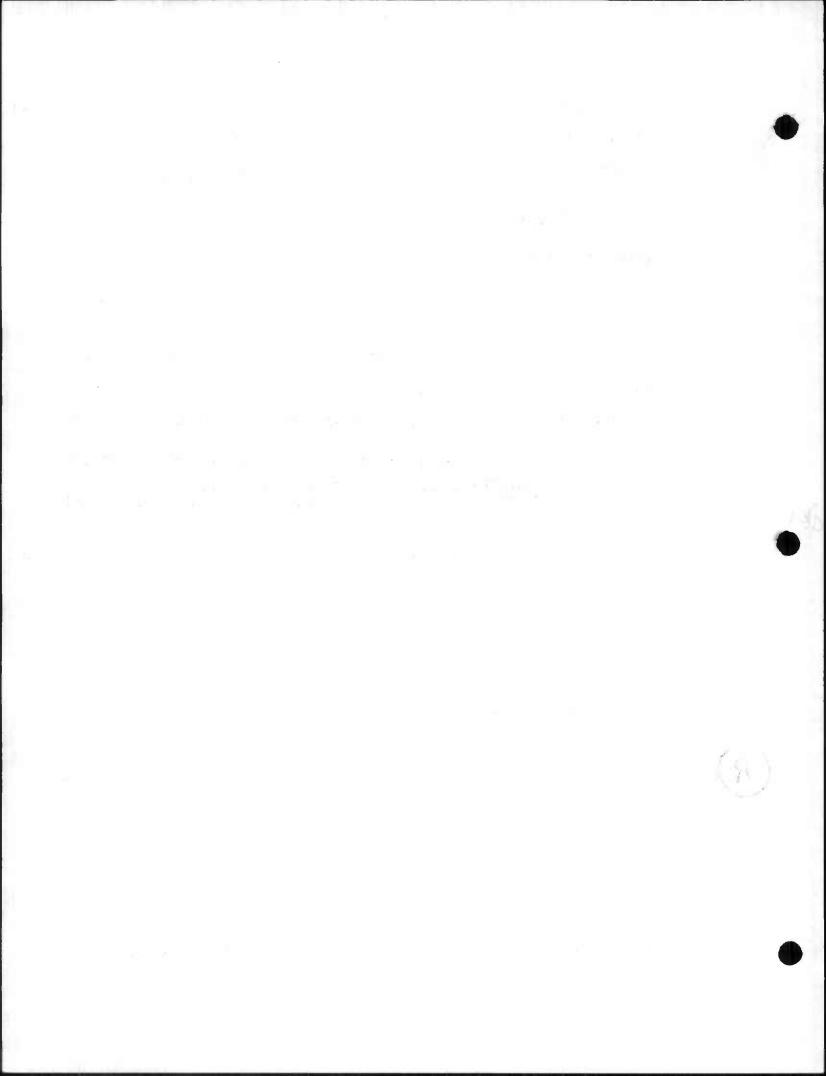
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	Physic /Medi			Reutin						U	une	Day Q4	497	19:0aF
) .	Exami		4a. Facility Name (If not institution, SINAI HOSPITAL	give street and numb	er)			1	b. City, Town, BAL	or Location		4c. County	of Death	
	Funeral Director		5. Social Security Number 219–33–0474	Sex 7.	Age (In yrs. 75	last birthday) Yrs.	If Under Months	Year Days	Hours I	Ain.	Date of Birth Month, Day, EC. 26,		9. Birthpla Country RUS	nce (State or Foreign y) SIA
П	P ,		Usual Residence of Decedent 10a, State 10b, County		100 00	y, Town or Lo								
	72 hours efter death with the Maryland "netural", or items 23a or 28a-f show local Examiner must be notified at	ctor		ALTIMORE	Toc. Ca	•	ALTIMO	RE					10	d. Inside City Limits 1 ☐ Yes 2 No
	章 9 g	Dire	10e. Street and Number				10f. Zip	Code			10	g. Citizen of	What Countr	y?
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0	or items	/ Funeral Director	11. Marital Status 1 □ Never Married 2 ☑ Marrie	12. Was Decede Armed Force 1 Yes 2 If Yes, Give	es?		Was Decede If Yes, speci 1 ☐ Yes 2		lispanic Origin' an, Mexican, P Specify:	? (Specify uerto Rica	Yes or No- n, etc.)		ck, White, et	
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Maryland 21215-0020	5 .	Completed	15. Decedent's (Specify only highest Elementary/Secondery (0-12)	Education grade completed) College (1-4	or 5+)	(Give	dent's Usuel kind of work DO NOT use	done	during most of	working	1	6b. Kind of B	usiness/indu	ustry
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and	S a S S	o Be	17. Father's Name (First, Middle, La MOISHE	st)	,	REUTIN			18. Mother's		st, Middle, M	a <i>iden Suman</i>	ne) UNKN	OWN
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Balt	permit. Peg Depertment Important: If any Injury o		21. Signature of Funeral Service Li	censee Tay Fo	£_		SOL LE	VIN	ss of Facility					
			23a Part1 Enter the disease or o	molications that cau	sad the deat				TERSTO					
Į.	Physician		23a. Part1. Enter the disease, or conshock, or heart failure. List or	ly one ceuse on eac	h line.	II. DO NOT BIII	er the mode	or uyı	ig, such as car	diac of re	phatory are	ot,	1	Approximate Interval Between Onset and Death
	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	a. Phel	imor	110							6	2 weeks
	الدرسا	ē			Due to (d	or as a consec	quence of):							
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60,	ficete be execute physician and is the buriel-trans		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	C										
68760,	g phys	edical	thet initieted events resulting in death) Last		Due to (o	r as a consec	juence of):							
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-	e dea the et hed fo	/sici	Part II. Other significant condition	contributing to deat	h but not res	ulting In the u	nderlying ce	use giv	en In Pert I.		23b. Did tob	acco uae co	entribute to	the cause of death
P.0	quires that the death cert is signed by the ettendin fuld be detached for use	by Phy	congestive h	eart fai	luve	>				_	1 X Ye	8 2□ No	3 Prob	ably 4 Unknow
Division of Vital Records,	Down signi	Completed b									24a. Was an perform	autopsy ed?	avai	re autopsy findings ilable prior to apletion of ceuse eath?
<u>~</u> (EO									1 ☐ Yes	2 No	10	Yes 2 No
ita	V	Bec	25. Wes case referred to medical						26. Place of	Death (C	neck only one)		
>	Physics ribis ce ral dire	To	examiner? 1 ☐ Yes 2 No	Hospital:	atlent 2	ER/Outpatier	nt 3 DO	Oth	er: 4 Nursi	ng Home	5 Resider	nce 6 🗆 Otl	ner (Specify))
ion o	5 a		27. Manner of Death 1 Natural 5 Pending 2 Accident Investiga		Injury Dey Year)	28b. Time o Injury	f 28	lc. Injur Wor	yet k? Yes 2 □ No	28d.	Describe hor	w Injury occu	rred	
Divis	or Atter after des Director d in by th	Certification:	3 Suicide 6 Could no 4 Homicide determin	ad 28e. Place of	Injury - At he, etc. (Specif	ome, farm, str	reet, factory,	office		28f.	Location (Str. City or Town,		ber or Rural	Route Number,
	To the Hospital or Attendii within 24 hours after death. To the Funeral Director: A completely filled in by the formulately filled	edical C	29a. Certifier (Check only one) 29a. Certifying Certifying Certifying	Physician: To the be	s of examina	wledge, deetl	n occurred e vestigation,	t the tir	ne, dete end p pinion, death o	lece, end	due to the ca t the time, da	use(s) end m te and place,	enner es sta and due to	ited. the ceuse(s)
	To the H within 24 To the Fi complete	Mec	29b. Signature and title of continuo	and manner	sialeu.		29c.	Licens	e number		29	d. Date signe	ed (Month, D	Pay, Year)

Hospital,

AS2402321-PC958 June 24, 1997

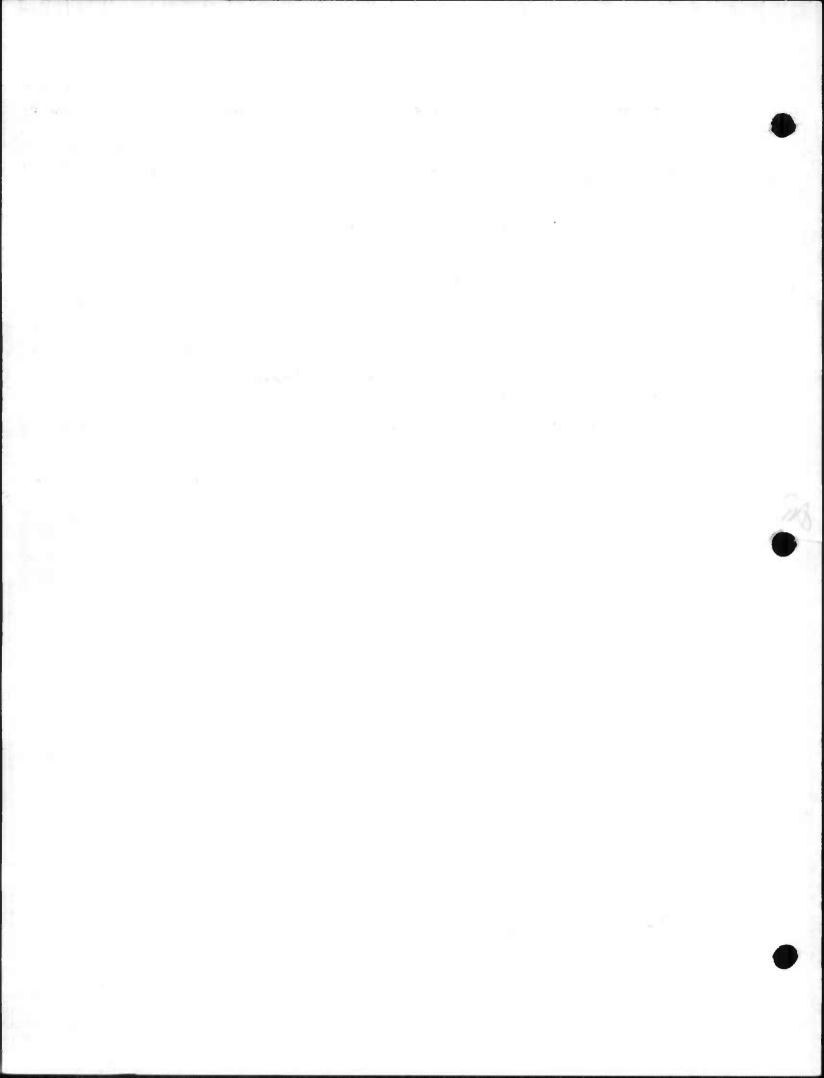
Baltimure, MD

State Registrar



			State of Marylar		ent of H		d Mental H	ygiene 9	7 1	9454	
		Decedent's Neme (First, Middle, Last,)				2. Date of D	Peath		3. Time of Deeth	
Physician /Medical		THEODORE H.	ROEB	IICK			June	21 Day	Yeer 997	10:30 PM	
Examine		4a. Facility Name (If not Institution, give		·	4	b. City, Town,	or Location of Dea				
		WIN CHERTER 1	VURSING	Homo		BAL	Finores	- N	/A		
Funeral		5. Sociei Security Number 6. Sec	7. Age (In yrs.	Mon	nder 1 Year ths Days	If Under 24 H	in. 8. Dete of E	lirth Dey, Year)	9. Birthple	ace (Stete or Foreign	
Director	-	Usual Residence of Decedent		Yrs.			2-2	1-27	GE	ORG14	
š ==	-	10a. State 10b. County	10c. Ci	ity, Town or Location					10	Od. Inside City Limits	
-f show	0	Md. N/A	B	Act, mui	AH					1 ⊈Yes 2 □ No	
be notified at	9	10e. Street and Number	,,,,,		. Zip Code			10g. Citizen of V	What Count	ry?	
	2	1933 WILEX	invatas s	+	212	17		11	CA		
oner must	ner		12. Was Decedent Ever in U Armed Forces?	J.S. 13. Was D			(Specify Yes or Nerto Rican, etc.)	lo- 14. Rac	e - America		-
		1 Never Married 2 Married	1 Yes 2 No		specify Cubs		erto Hican, etc.)		ck, White, e	otc.	
3 2		3 ☐ Widowed 4 Derivorced	Year or Dates:	1016	98 ZLE NO	<i>Specify</i> :		Specify	134	nck	
it, the Medical Ex.	ere	15. Decedent's Edu (Specify only highest grade		18a. Decedent's (Give kind o	Usuai Occup	etion during most of (f)	working	16b. Kind of B	usiness/Ind	ustry	
then the	Ē	Elementary/Secondary (0-12)	College (1-4or 5+)		,	-		Casalas	001	REFACTOR	
ent, m		17. Eatharia Nama (First Middle 1 and)			Abol		1		9	16 FACION	100
To Be	ď	17. Father's Name (First, Middle, Last)	1				4	ie, Meiden Sumen			
To	2	HOAM KOEBU		400 46000 00 400		MAT		OWMAN			_
2 20 20		19a. Informant's Name/Relationship (Ty		19b. Mailing Add				ber, City or Town,			,
tam 27 other tr		THEO CORF / +. ROEB		Plece of Disposition	(Name of	GAIC	Date Date	20c. Location		V 21244	_
= 5		1 ☐ Burial 2 ☑ Cremation 3 ☐ R		cemetery, cremetory	or other plea	-	1 1	h - 11	City of Tov	MII, State	
Injury B.	1	4 □ Donation 5 □ Other (Specify)	/		REM	410RY	4/26/9-	10744	0. m	d.	n des
mportant: any injury ance.		21. Signature of Funerei Service License	90	32. Nam	and Addres	B ROA	dway	BALTO.	md.	2/2/3	
		Left meles		JEFF	Miller	CP.C.	FUNERA	LHome	1405	GRUICE	
	1	23a. Part1 Erfer the disease, or compliant shock, or heart failure. List only or	cetions that caused the dea ne cause on each line.	th. Do not enter the	mode of dyin	g, such as card	flac or respiratory	arrest,		Approximate Interval Between	
ician	1	In a distance of the state of							i	Onset end Death	
dicai niner		Immediate Cause (Final disease or condition resulting in death)	Cerebro	vasculo	~	accie	dant		1	2 month	<
		rooming in addity	2.46	or as a consequence	of):				1	3	
ial-transit		_ t	Atrial	Fbnll	ation				1	among	4
burial-transit	X	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury		or as a consequence					1	10 × +	
ing in	9	cause. Enter Underlying Cause (Disease or injury that initiated eventa		clentic		1.0 va.	culon	disease		10 TV5	
	61	resulting in death) Last	Due to (c	or as a consequence	of):						
etached for use es t	3		l						!_		
1 for	2	Dadii Ohkaalaaliisaa			D. 1955111.45			4.4.4		1000 MBHH 12 12 100 A	_
s/s	2	Part II. Other significant conditions con	tributing to death but not res	suiting in the underlyi	ing cause give	en in Part I.				the cause of death?	Ì
be det							_ ''	Yes 2₽No	3 Prop	ably 4 ☐ Unknown	
								s an autopsy	24b. Wei	re autopsy findings	
page 2 should							per	formed?	com	ilable prior to appletion of cause leeth?	
age 2							10	Yes 20 No		Yes 2 No	
g G		25. Was case referred to medical				OR Diseased				1195 20 NO	-
I director, pag		evaminer?	lospital:	ER/Outpatient 3	Othe		Death (Check only	sidence 6 □Oth	as (Consult)		-
Praidi		27. Manner of Death	28a. Date of injury (Month, Dey Year)	28b. Time of	28c. Injun			how injury occur		/	-
fun a fun		1 ☐ Natural 5 ☐ Pending investigation	(Month, Dey Year)	Injury M		k? Yes 2 □ No					
ed in by the funeral	2	3 ☐ Suicide 8 ☐ Could not be	28e. Placa of tnjury - At h	ome, ferm, street, fa	ctory, office		28f. Location	(Street end Numb	per or Rural	Route Number,	-
d in	5	4 Homicide	building, etc. (Special	(y)			City or T	own, Stete)			
		29a. Certifier 1 Certifying Phys	ician: To the best of my kno	owledge, deeth occur	rred at the tim	ne, dete and pie	ece, and due to th	e cause(s) and ma	nner as ste	eted.	-
mpletely fil	2	(Check only 2 Medical Examinations)	ner: On the basis of examina and manner stated.	ation and/or invastige	ation, in my of	pinion, death o	ocurred at the time	, date and placa,	and due to	the cause(s)	
Me	E	29b. Signeture end title of certifier			29c. License	e number		29d. Date signe	d (Month, D	Dey, Year)	
		mien-0	Kidung,	MO	D	3186		6/:	24/0	97	
10	-	30. Neme and eddress of parson who co				, , ,		ŧ		7	
•		Rm 206	821 N	. Enta	w str	Lect	Balt	imure	md	2/20/	
State		31. Date filed (Month, Day, Year)	2. 32 Registrar's Syn								
Registrar		JUN 2 6 1997	The nandson-No	TIME							

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State of Maryland / Department of Health and Mental Hygiene

					Cert	ificate of	f Death		Reg. No.		
	П	1. Decedant's Nama (First, Middle, L	ast)					2. Data of De	ath		3. Time of Death
Physicia /Medic		GEORGE GARY	RETER					June	Day 23. 199	Yaar 7	10:00 P.M
Examin		4a. Facility Nema (If not institution, g					4b. City, Town, or				110.00 1.11
Examin	•	Gilchrist Cent	or				Т		Do 1		
Funeral				(In yrs. last bi		If Under 1 Yea			th	9. Birtho	e olaca (Stata or Foraign ntry)
Director		215-34-6212	1⊠M 2□F 61		Yrs.	Months Day	s Hours Min	March 6	y, Year)		yland
		Usuel Residence of Decadent						rial Cir (, 1550	Hai	y Land
be filed within 72 hours efter death with the Maryland tel Hygiene. d other than "natural", or items 23a or 28a-f show event, the Medical Examiner must be notified at		10a. Stata 10b. County		10c. City, Tov	wn or Loca	ation				1	10d. Insida City Limits
Mar The D	tor	Maryland Baltimo	re	Randa	11e+	OWID					1 ☐ Yes 21 No
r 28	rec	10e. Street and Number		Randa	1100	10f. Zip Coda			10g. Citizen of	What Cour	ntry?
3a vii	0	10008 Marriotts	ville Rd			211	33		USA		
burs efter death with the Marylen alt, or items 23a or 28a-f show Examiner must be notified at	Funeral Director	11. Marital Stetus	12. Wes Decedant E	var in U.S.	13. W		Hispenic Origin? (Specify Yes or No		ca - Amaric	can Indian.
Her Her	Fur	1 ☐ Never Married 2 ☐ Married	Armed Forcas?		lf Y	Yas, specify Cu	ban, Maxican, Puè	to Rican, atc.)		ck, Whita,	
s should be tied within 72 hours e end Mentel Hygiene en marked other than "natural", or aumatic event, the Medical Exam	by	3 ☐ Widowed 4 ☒ Divorced	1 ☑ Yas 2 ☐ N If Yas, Give Yaar or Datas:	1958	10	☐Yes 2∏ N	Specify:		Specia	y: T	White
sture of		15. Decedant's I			a. Decede	nt's Usual Occ	unation		16b. Kind of B		
n jiji	Completed	(Specify only highast g	rade complated)		(Giva kl	nd of work don O NOT usa ratii	a during most of wo	orking	TOO. KING OF L	U31112337111	dustry
thar	E	Elamantary/Secondary (0-12) 12 years	College (1-4or 5			nance			Nursing	. Hom	0
ther the		17. Fathar's Nama (First, Middla, Las	t)	ria	TILLE	nance	18 Mother's Na	ma (First, Middla,	-		e
t of Health end Mentel Hygiene. If item 27 is marked other than or other traumatic event, the M	Be c								maidar como	nu,	
Merk	P	George Anton R						Boyce			
- Inc. 10		19a. Informant's Name/Relationship			b. Mailing	Address (Street	et end Number or F	u <i>ral Routa N</i> um <i>b</i>	er, City or Town	, Stete, Zip	Coda)
Heelth em 27 i		Mary Johnson	(Friend	-			ttsville				
T T T		20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cramation 3	Damayal from State	20b. Place o	of Disposit a <i>ry, crama</i>	tion (Nama of story or other p	lace)	Data	20c. Location	- City or To	own, Stete
		4 Donetion 5 Other (Spec		Lake V	View	Memori.	al Park	6-26-97	Sykesyf	11e.	Maryland
Depertment Important: any Injury ance.		21. Signature of Funaral Sarvice Lice	ensee	\	22.1	Name end Add	rass of Facility				nar) rana
Depe Impor		Daly 1/ 7	Jun ()	1		-	ers Funer				
	-	220 Party Enter the diseases or as	4	dank De	872	8 Libe	rty Rd.	Randalls	town, M	D 2	21133
		23a. Party. Entar the disaasa, or consheck, or heert failura. Liat only	ona causa on aach lin	a.	not antar	tha mode of dy	ring, such es cardia	c or raspiratory a	rrast,		Approximeta Intarval Between Onset end Deeth
nysician Medical		Important Course (First									Oriset end Deeth
wedicai xaminer		Immediate Cause (Final disease or condition resulting in deeth)	a Muetas	La Lice	en	U5101	< Gon	Cum		i	
	_	resulting in deetily		Dua to (or es e							
#	Examiner		b. Corone		~1~~	0	i's wees w			i	
e ettending physician and od for use as the buriel-trensit	аш	Saquentially list conditions,		Dua to (or es a							
uriel uriel		Saquentially list conditions, if eny, leading to immediate causa. Entar Underlying Ceuse (Disaase or injury									
nysic he b	edical	that initiated events rasulting in death) Lasf	C	Dua to (or as a	consaqua	enca of):				1	
do o	P G	rasoning in death) casi									
	2		d								
d for	Physician/	Part II. Other eignificant conditions	anatribution to death for	à not requities i	to the cond	lash da a sa sa sa sa	inna ta Band t	ook Bid		-4-114-4	
y the	1ys	Part II. Other significant conditions	contributing to death bu	t not rasulting i	in the und	larrying causa g	liven in Part I.		_		o the cause of death?
ed by the deteched								10	Yes 22 No	3 Pro	bably 4 Unknown
5.2	þ							46		T	
phods	ě							24e. Wes	en eutopsy med?	av	ara eufopsy findings aliable prior to
10 CI	ğ				_					of	empletion of causa death?
s certificate hes director, page 2	Completed							10	Yas 20 No	10	□Yas 2☑No
tificate h	Be	25. Was casa rafarred to medical					26 Place of De	ath (Check only o	mel		
direc	ToB	axaminar? 1 □ Yas 2 ☑ No	Hospitel:	nt 2 ER/O	utnationt	3 DOA				or (Coorie	W) Hospice
5 7		27. Mannar of Deeth			Tima of	28c. Inj			now injury occur		n Hospice
or death. octor: After th by the funeral	tio	1-⊠Natural 5 ☐ Panding invastigation	28a. Date of Injury (Month, Dey	Yaer)	Injury		ork? ∃Yes 2 □ No		,,		
deal stor:	Ca	3 ☐ Suicida 6 ☐ Could not	DO Diana of Injur	n. At home for	arm atran			29f Location /	Street and Alum	har or Pur	al Routa Number,
4 수 드	Certification:	4 ☐ Homicida determine	building, atc.	(Specify)	aiii, Siraa	it, ractory, offici		City or To	vn, State)	oer or nura	ii riouta Number,
le le											
within 24 hours effer dea To the Funeral Director completely filled in by the	edicai	29a. Certifier (Check only one) Certifying P	hyalcian: To the best of miner: On the basis of and manner stat	axamination er	e, daeth o nd/or inva	stigation, In my	tima, data and plac opinion, daeth occ	e, and dua to tha urred at the time,	cause(s) end m date and pleca,	ennar as si and dua to	tatad. o tha cause(a)
omp comp	M	29b. Signatura and fitla of cartifiar				29c. Llcar	nsa number		29d. Data signe	d (Month,	Dey, Year)
	-	100			_		00 -	· ·	rune	1.	
	1	·aufil	uses	_ ^.	n		085		6/2	5/9)
		30. Neme and addrass of person who	completed ceusa of de	ath (Item 23e)	(Type, Pr	rint)					
			ACUS M.	1 5	310	0.0	Court	05		2	(13)
Stat		31. Date filed (Month, Dey, Yaar)	32 Registra	r's Signatura							
Registra	ır	JUN 26 1997	gratia Di	widson-A	andole	2.					

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

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hysici		ITEM: 24a perFH G-748 1. Decedent's Name (First, Middle, L			Oen	ificate d	n De	alli	2. Date of De	Reg. No. ath		3. Time f th
	_	CLARENCE	4		SHEL	KER			Month	Dey	Year (QQ7	1:27
/Medic xamin		4a. Facility Name (If not institution, g.	ive street and number)				4b. Ci	ity, Town, or Lo	ocation of Death	4c. County	of Death	
		JOHNS HOPKINS	BAYVIEW	MED	CAL I	CENTE	-	Baltima	ore			
nerai ector		5. Social Security Number 6. unknown Usual Residence of Decedent	167M 2□ E	e (In yrs. last	birthday) Yrs.	If Under 1 You Months Da		Jnder 24 Hrs. ours Min.	(Month, Da	th ly, Year) 1, 1933		lace (State or Foreign try) nown
1		10a. State 10b. County Maryland Carrol	1	10c. City, T							10	0d. Inside City Limits
offile	ecto			West	Mini							1 ☐ Yes 2X No
ust be notified at	Funeral Director	10e. Street and Number 642 Cherrytown				10f. Zip Coo			TH.	10g. Citizen of 1	2000	try?
Martiner of Mericer or	þ	11. Marital Status unknown 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Armed Forces? 1 Yes 2 If Yes, Give Year or Dates:		Π.	as Decedent Yes, specify (nic Origin? (Sp exican, Puerto pecify:	ecify Yes or No Rican, etc.)		ck, White, ov. Whit	etc.
dical	eted	15. Decedent's E (Specify only highest g	Education rade completed)	1	6a. Decede (Give ki	nt's Usual Oc nd of work do	cupation ne during	g most of work	ing	16b. Kind of B	usiness/Inc	lustry
N N	Completed	Eiementary/Secondary (0-12) unknown	Coilege (1-4or t	5+)	life. Do	o NOT use re unkno				unk	nown	
event, t	0	17. Fether's Name (First, Middle, Las						Mother's Name	e (First, Middle,	Maiden Suman		
tic ev	To B	unknown						unknow	n			
r traumatic e		19a. Informant's Neme/Relationship unknown	(Type, Print)	1		Address (Str	eet and f	Number or Run	al Route Numbe	er, City or Town	State, Zip	Code)
ury or other		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☒ Other (Spec		ceme	of Disposi etery, crema	tion (Name o	place)		Date	20c. Location	City or To	wn, State
any injury or		21. Signature of Peneral Service Lice Ronald S	Wade, Dire	ctor					rd, 655		timor	e Street
the bunel-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	b	Due to (or es								
9 6	n/Medical	Cause (Diseese or Injury that initiated events resulting in death) Last	d	Due to (or as	a conseque	ence of):					i	
hed for use	sicia	Part II. Other significant conditions	contributing to death b	ut not resultin	a in the und	leriving cause	aiven In	Part I.	23b. Did	tobacco use co	ntribute to	the cause of death
be deteched for use	by Physician/M	CHRONIC OBSTEL		LMONA						Yes 2□ No		ebly 4 Unknow
should	Completed t									an autopsy rmed?	ava	ore autopsy findings allable prior to appletion of cause death?
100	Co								10	Yes 20X No	1	Yes 212 No
page	0	25. Was case referred to medical exampler?	Hospitai:				Othor		h (Check only o			
Ba	00		1 2 Inpatie		Outpatient b. Time of Injury	3LI DOA	njury et Work?			denca 6 Oth		")
funeral director, par	To B	1 Yes 2 No 27. Menner of Death 1 Natural 5 Pending 2 Accident investigation		y Year)	,,		1 ☐ Yes	2 1140				
in by the funeral director, par	To B	1	(Month, Da	y Year) ury - At home		М		20110	28f. Location (: City or Tox	Street and Numb wn, State)	per or Rura	l Route Number,
in by the funeral director, par	OB	27. Menger of Death 1 Matural 2 Accident 3 Sulcide 4 Homloide 29a. Certifier 1 Certifying P	(Month, Da	ury - At home c. (Specify) of my knowled	, farm, stree	M ot, factory, off	ca e time, da	ata and place,	City or Too	vn, State) cause(s) and ma	anner as st	ated.
funeral director, par	ledical Certification: To B	27. Menoer of Death 1 Natural 2 Accident 3 Sulcide 4 Homlcide 29a. Certifier (Check only) 27. Medical Exe	(Month, Da) 28e. Place of Injudiding, etc. hysician: To the best on miner: On the basis of	ury - At home c. (Specify) of my knowled	, farm, stree	M ot, factory, offi	ca e time, da	ata and place, n, death occurr	City or Too	vn, State) cause(s) and ma	anner as st and due to	ated. the cause(s)
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in by the funeral director, par	Medical Certification: To B	27. Menger of Death 1 Natural 2 Accident 3 Sulcide 4 Homloide 29a. Certifier (Check only one) 1 Certifying P 2 Medical Exa	(Month, Da) 28e. Place of Injudiding, etc. hysictan: To the best of and manner sta	y Year) ury - At home c. (Specify) of my knowled examination ated.	, farm, stree dge, death c and/or inve	occurred at the stigation, in m	e time, da ny opinion ense nun	ata and place, n, death occurr	City or Too	cause(s) and made end place,	anner as st and due to d (Month, i	ated. the cause(s)

State of Maryland / Department of Health and Mental Hygiene

7	9	L	5	7

Physici /Medic Examin	a
Funeral Director	

the deeth

Baltimore, Maryland 21215-0020

Physician /Medical **Examiner**

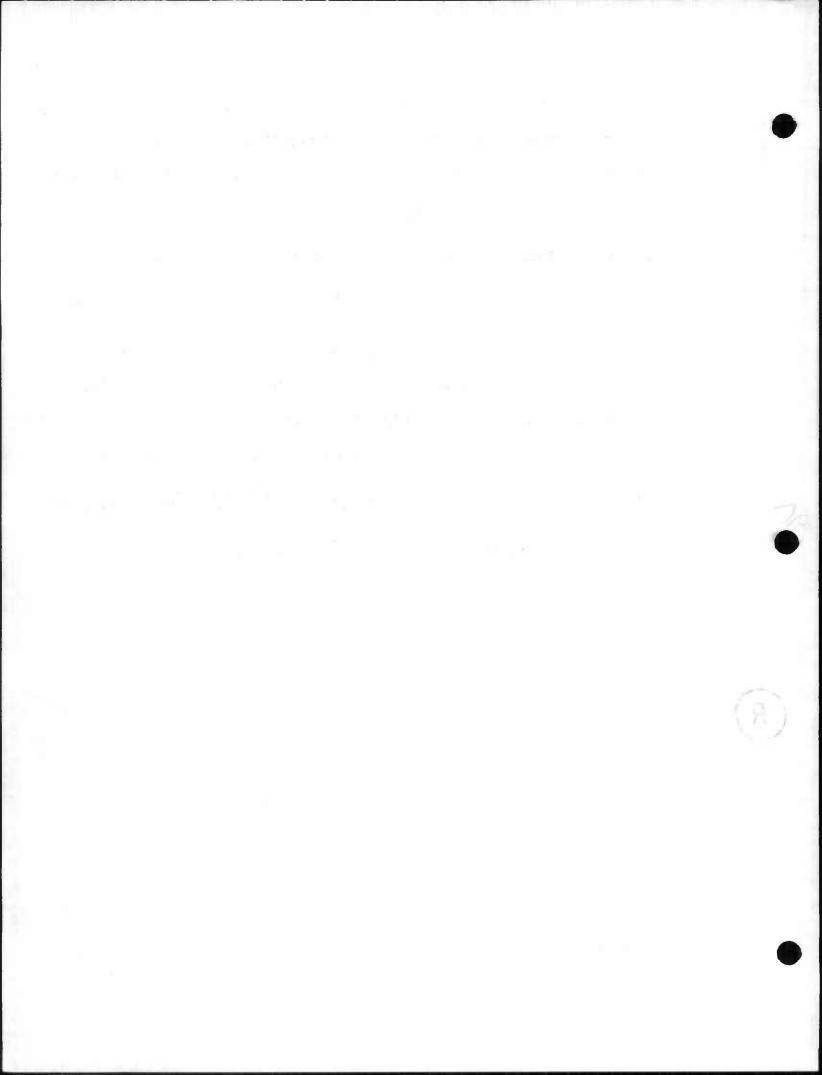
-transit certificate be executed pue physician es the buriel Box 68760. attending ò Recor page 2 certificate Division of Vital

Hospital or Attending Physician: 24 hours after deeth. After To the Hospital o within 24 hours aff To the Funeral Di complataly filled in

Certificate of Death ITEM: 4,10e,per FH G-748 6-26-97 eoh 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Veer SOPHIE SPEAR JUNE 23, 1997 9:10am 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Deeth UTHERVILLE BROOKLANDVILLE 4c. County of Deeth BRIGHTWOOD MERIDIAN NURSING HOME BALTIMORE If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthdey) Birthplace (State or Foreign Country) Deys Hours 1□ M 2□XF Yrs 216-46-6166 101 jan. 13,1896 louisiana Usual Residence of Decadent the State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Madical Examinet must be notified at MD N/A BALTIMORE 1 XYes 2 No Director 10f. Zip Code 10g. Citizen of Whet Country? 7111 BARK HELGHIS AVE 7111 BARK TOWERS EAST, APT. 206 21215 USA 12. Was Decedent Ever in U,S Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 20 No If Yes, Give Year or Detes: 1 ☐ Yes 2 No Specify: þ 3€ Widowed 4 Divorced Specify WHITE Completed Decedent's Usual Occupation
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) permit. Pages 1 and 2 should be filed within Department of Health end Mantal Hygiane Important: If them 27 Is marked other than "n any Injury or other traumatic avant Elementery/Secondary (0-12) College (1-4or 5+) 4 HOMEMAKER OWN HOME 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Be SIMON MARX JULIE KAUFMAN 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) ELLEN JANDORF (DAUG.) 7121 PARK HEIGHTS AVE., APT. 701 BALTO., MD 21215 20b. Plece of Disposition (Name of cemetery, crematory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) BALTIMORE HEBREW REISTERSTOWN, MD 6/25/97 21. Signature of Funerel Servica Licenses 22. Name end Address of Facility SOL LEVINSON & BROS., INC. 8900 Reisterstown Road Pikesville, MD 21208 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Deeth Cardiovusculer immediate Cause (Finel disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting In death) Last Due to (or es e consequence ot): Physician/Medicai Due to (or es a consequence of) Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? 3 Probably 4 Unknown 1 Yee 2 No p 24e. Was an autopsy performed? 24b. Were autopsy tindings available prior to completion of cause of deeth? Completed 2 No 1 ☐ Yes 2 ☐ No 25. Was case reterred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 27. Mann of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred Certification: 28c. Injury at Work? 1 Natural 5 Pending Investigetion 1 ☐ Yes 2 ☐ No 2 Accident Director: / 3 Suicide 6 Could not be determined 28e. Placa of Injury - At home, farm, street, tactory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end menner as stated. edlcai 29a. Certifier 2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) end manner stated. 29b. Signature and talk of certifier 29c. License number 5 ompleted cause of death (Item 23a) (Type, Print) 31. Date tiled (Month, Dey, Year)
JUN 26 1997 32. Registrar's Signature

DHMH 16 Ray 6/95

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9458 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth Sterrette **Physiclan** Elizabeth Ella 8:18a.m 1997 24 JUNE /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Baltimore If Under 24 Hrs. 8. Date of Month eman a 8. Date of Birth (Month, Dey, Year)
Aug. 18, 1929 If Under 1 Yeer Months Devs 9. Birt plece (State or Foreign Country) 5. Sociel Security Number 7. Age (In yrs. lest birthday) **Funeral** Deys 220.20.623 1□ M 2XF 67 Hours Director Usuel Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location "natural", or Items 23a or 28a-f show 10d. Inside City Limits Baltimore Md Director 18 Yes 2 □ No NA 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? BatEMan AVE 21216 USA 3401 death v Funeral 12. Was Decedent Ever In U,S. Armed Forces?

1 Yes 2 No If Yes, Give 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11 Marital Status 14. Race - American Indien. the Medical Examiner Black, White, etc. filed within 72 hours after 1 ☐ Never Married 2 Married 1 Ves 2 No Specify: Baltimore, Maryland 21215-0020 Black à Specify: 3 ☐ Widowed 4 ☐ Divorced Be Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry I Hygiane. Elementery/Secondery (0-12) College (1-4or 5+) Care Provider NA 12+h permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If flam 27 is marked other any liqury or other traumatic event ARRS. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Surname) HARRY GIBSON
19e. Informent's Reme/Reletionship (Type, Print) GERTRUNE ပ DEMDY 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zlp Code) 3401 Bateman Ave. Balto. Hd. 21216 Bateman Ave. BERNARD STERRETTE - Husband 20e. Method of Disposition 20b. Piece of Disposition (Neme of Dete 20c. Location - City or Town, Stete 1 ☐ Burlel 2 ☐ Cremetion 3 ☐ Removel from State 6.30.97 1d. Nat 4 ☐ Donetion 5 ☐ Other (Specify) MEM. Yack Neme and Address of Facility

ALCH F300 21. Signeture of Funerel Service Licensee 2/2/5 22. Balto Med Walsast Qu a 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart teilure. List only one cause on each line. Approximete Intervel Betwe Onset end Death **Physician** /Medical Immediate Cause (Finel diseese or condition resulting in deeth) Examiner Due to (or es e consequence ot): Physician/Medical Examiner Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Lest Due to (or es e consequence of): Due to (or es e consequence ot): Box The law requires that the death P.O. | Pert II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert i. 23b. Did tobacco use contribute to the cause of death? signed by t 1 X X 2 No 3 Probably 4 Unknown Records, 2 24b. Were eutopsy tindings avellable prior to completion of cause of death? Be Completed 24e. Wes en autopsy performed? , paga 2 certificate 1 Yes 2 10 No 1 Yes 2 No Division of Vital Hospital or Attanding Physician: director, 25. Wes cese referred to medical examiner? 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Desidence 6 Other (Specify) 10 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this To the Hospital or Attanding Phy within 24 hours after death. To the Funeral Director: After this complately filled in by the funeral: 27. Manner of Death 28e. Dete of trijury (Month, Dev Year) 28b. Time of 28d. Describe how Injury occurred Certification: 28c. Injury et Work? 5 Pending investigation 1 Anaturet 1 Tes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, ferm, street, tectory, office building, etc. (Specify) 28t. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) and manner ss steted.
2 Medical Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end plece, end due to the ceuse(s) end manner steted. 29a. Certifier edicai (Check only 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year)

Johns Hopkins Oncology Center, Baltimon

State Registrar

DHMH 16 Rev 6/95

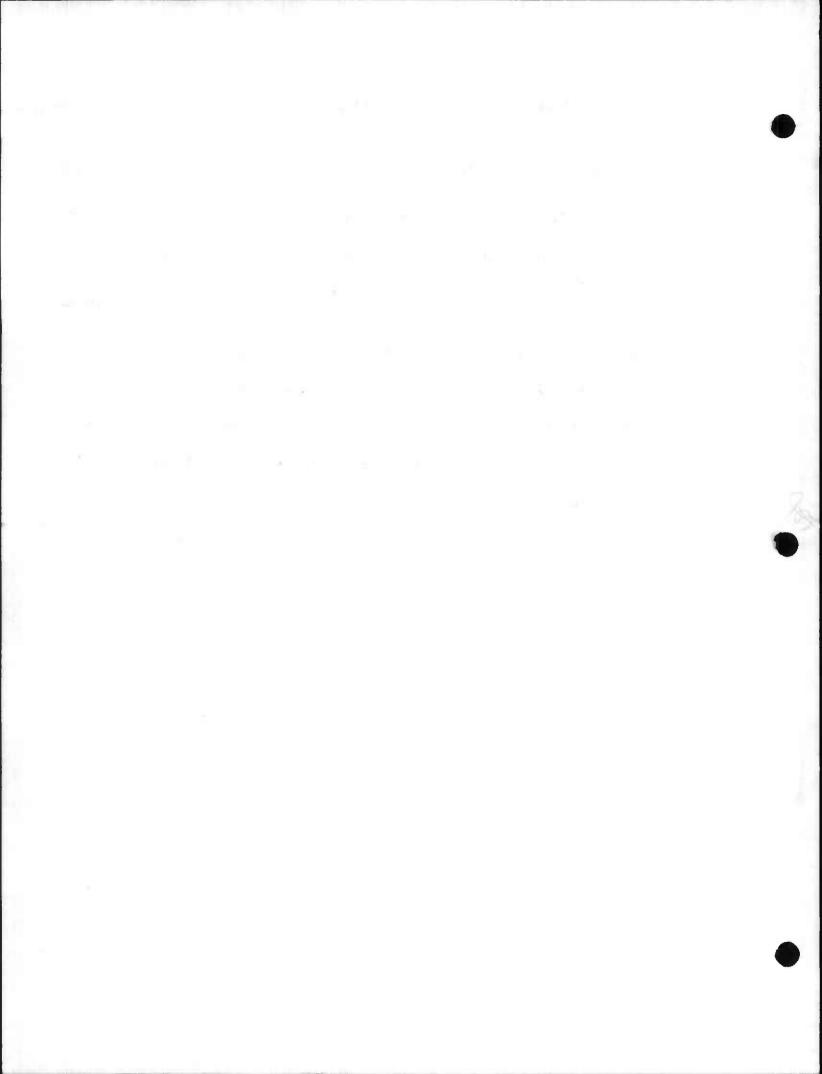
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31. Dete tiled (Mor)h, Day, Year)

JUN 26 1997

30. Name end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print)

K. Frykman



State of Maryland / Department of Certificate o			ene g. No.	97	9459
+inson		2. Data of Death Month	Day	Yaar 1997	3. Tima of Daath
va street and number)	4b. City, Town, or	Location of Death		unty of Death	City

Funeral Director

Physician

/Medical

Examiner

Directo

Funeral

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1. Decedant's Nama (First, Middla, L.

4a. Facility Nama (If not institution, gr

William

"natural", or items 23s or 28s-f s idical Examinal must be notified

Hygiana. permit. Plages 1 and 2 should be fit. Department of Health and Mantal Hy Important: If them 27 is merised oth any liquity or other treatmetic even any liquity or other treatmetic even and injury or other treatmetic even.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

certificate be executed

Box 68760

Division of Vital Records, P.O.

Examiner attending physician and for use as the burial-transit Physician/Medical signed by the a þ Completed page 2 director Be 9 funeral Certification: the

has

After this

2

r Attending F er death.

or Attendation of the death

To the Hospital o within 24 hours of To the Funeral Dicompletely filled in

27. Manner of Death

1 Natural 2 Accident

3 Sulcida

29a. Cartifian

4 Homicida

(Check only one)

29b. Signatuse and titia of certifian

5 Panding Invastigation

6 Could not be determined

Levindale Hospi If Undar 1 Yaar | If Undar 24 Hrs. | Months Days Hours Min. 8. Data of Birth (Month, Day, Year) 5. Social Security Number 6. Sax 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) Days 1⊠M 2□ F 49 212-30-6782 Jan. 1, 1948 Maryland Usual Rasidance of Decedent 10b. County 10c. City, Town or Location Maryland Baltimore City Baltimore 10e. Street and Number 10f. Zlp Coda 10g. Citizan of What Country? 4013 Belle Avenue U.S.A. 21215 12. Was Decedant Evar In U,S. Armed Forcas? unknown 1 □ Yas 2 □ No It Yas, Giva Yaar or Datas: Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, 11. Marital Status unknown Black, Whita, atc. 1 Nevar Married 2 Married 1 ☐ Yas 2 ☑ No Specify: Black Specify: 3 Widowed 4 Divorced 15. Decedant's Education (Specify only highast grada completed) 18a. Decedent's Usual Occupation 16b. Kind of Businass/Industry (Giva kind of work dona during most of working lifa. DO NOT usa retired) Elemantary/Secondary (0-12) Collega (1-4or 5+) unknown unknown unknown unknown 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) unknown unknown 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) unknown 20b. Place of Disposition (Nema of cematary, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from State 4 □ Donation S Othar (Specify) in state ral Sarvice Licensae Wade, 655 W. Baltimore Street, Baltimore, Maryland Director beec State Anatomy Board nun t I. Entar tha disaasa, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, toxic, or heart failure. List only one cause on each line. Immediata Causa (Final disaasa or condition rasulting in daath) Aspiration Then Sequantially list conditions, if any, laading to immadiata cause. Entar Undarlying Cause (Disease or Injury that initiated evants Dua to (or as a consequance of) Dua to (or as a consequence of) resuiting In daeth) Last Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Ware autopsy findings available prior to completion of cause of daath? 24a. Was an eutopsy performed? 1 Yas No 1 Yas 2 No 25. Was casa refarred to medical axaminar? 26. Place of Death (Check only ona) Hospitel: Othar: 4 ☐ Nursing Homa 5 ☐ Rasidance 6 ☐ Othar (Specify) 1 Yas 2 No 1 Dunpatiant 2 ER/Outpatient 3 DOA

28b. Tima of Injury

2434

28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify)

28a. Data of Injury (Month, Day Year)

Julia 30 Applicare Sportupe

30. Nama and addrass of person who completed cause of daath (Itam 23a) (Type, Print)

WERTHEIDER MO

State

Medical

Registrar

DHMH 16 Rev 6/95

10d. Insida City Limits

Approximata

6/16/97

1X Yas 2 No

28d. Dascribe how injury occurred

1 Certifying Phyelclan: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) end mannar as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated. 29c. Licansa number 29d. Data signed (Month, Day, Year)

W. Belveder Avc.

1 Yas 2 No

28c. Injury at Work?

June

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

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19e. Informant's Neme/Ralationship			_			Rural Route Number,			
John W. Thompson 20e. Method of Disposition **Daniel 2 Cremetion 3 E 4 Donetion 5 Other (Speci	Removei from State	20b. Place of cemeter)	f Disposition (f ny, crematory o	(Neme of or other pla		Dete	sville, 20c. Location - Arlingte	- City or Town	
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Ceuse (Diseasa or Injury thet initiated events resulting in deeth) Last	c	Due to (or as e co	onsequence o	of):					
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3 Suicide 6 Could not be datermined	286. Place of Inju	jury - At home, fan tc. (Specify)	rm, street, fact	tory, office	į.	28f. Location (St. City or Town	reet end Numt n, Stete)	ber or Rurel F	loute Number,
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29b. Signeture end title of certifier			-	29c. Licen	nse number	2	29d. Date signe	ad (Month, De	ey, Year)
Paul Legalo	O PHYNOR	W		ASZYI	05351 bedo	145	IME S	0,1997	

BALTMORE MARYLAND

21215

Physician /Medical Examiner

Physician

/Medical

Examiner

Directo

Funeral

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Completed

Funeral Director

permit. Pages 1 end 2 should be filed within 72 hours after death with the Maryland Depertment of Health and Mental Hygiena. Important: if Itam 27 is marked other than "natural", or items 23 or 28af show any idjury or other traumetic event, the Medical Examinar must be not find at once.

Baltimore, Maryland 21215-0020

Examiner Physician/Medical Completed by Be (2 Certification:

been signed by the ettending physician and should be datached for use as the buriel-transit enflicate be axecuted After this certificeta has funeral director, page 2 To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, I

Division of Vital Records, P.O.

State Registrar

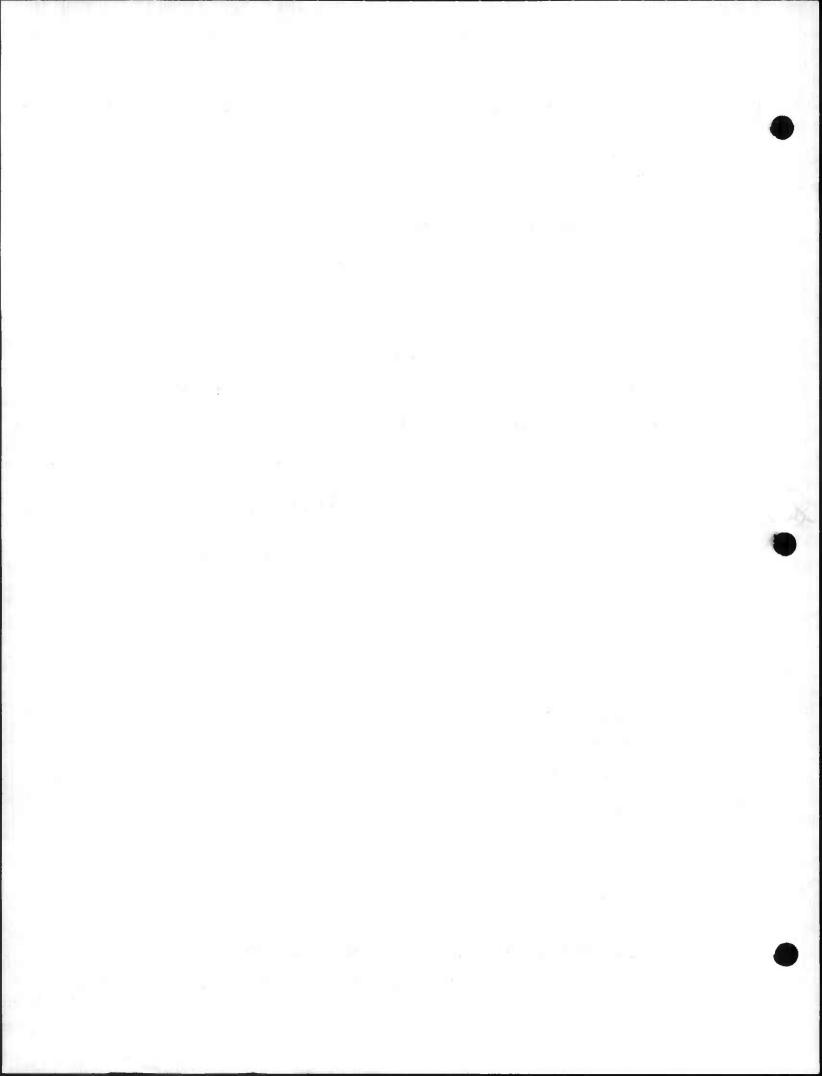
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PAUL SEBAL, DO 31. Dete filed (Month, Day, Year) Julia Davidson JUN 26 1997

30. Nama and eddress of person who complated ceusa of death (Itam 23a) (Type, Print)

32 Registrar's Signeture

5401 MEIL BELVEDEUE AVENUE



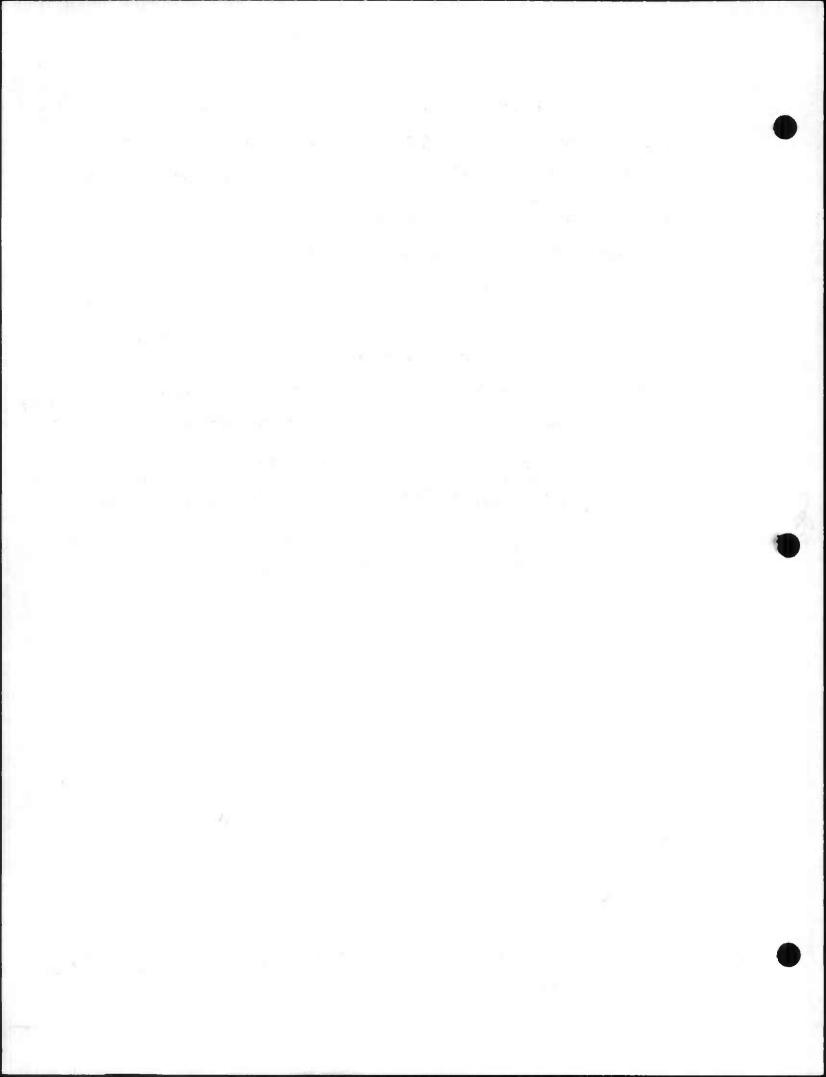
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									tificate o		eath		Reg. No.	21	1940	1
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	xamir		4a. Facility Name (If not ins	litution, g	iva street and n	um <i>ber)</i>				4b.	City, Town, or L	ocation of Death	4c. Cc	ounty of Death		
			925 North	Br	oadway	Ar	ot. #2	03			Baltimo	ore		NA		
	ineral ector		5. Social Security Number 212-16-346	6	Sax ★↓ 2□ F	7. Aç	a (In yrs. last L 94	oirthday) Yrs.	If Undar 1 Yes Months Day		If Under 24 Hrs. Hours Min.	8. Date of Birt (Month, Da 06-22		9. Birth Con	place (Stata or F intry) VA	oraign
pu	3		Usual Residence of Deceded				10c. City, To	wn or lo	cation						10d. inside City I	Limite
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the	Dictil	ect	10e. Street and Number						10f. Zip Code	la			10a Citiza	n of What Cou	into 2	
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Baltimore, Maryland 21215-0020 pernit. Pages 1 and 2 should be filed within 72 hours after deeth with the Marylan Department of Health end Mental Hygiene.	ar, or item examiner.n	by Fune	11. Marital Status 1 Nevar Marrlad 2 3 Widowed 4 Div		12. Was Dec Armed F 1 ☐ Yas If Yes, G Yaar or I	24	Evar In U,S. No		Vas Decedent of Yes, specify Ci □ Yas 2\\		panic Origin? (Sp Mexican, Puerto Specify:	ecify Yes or No Rican, etc.)		Black, White	, etc.	
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Maryland d 2 should be file th end Mental Hy	E E		19a. informant's Name/Rei								d Number or Rui					
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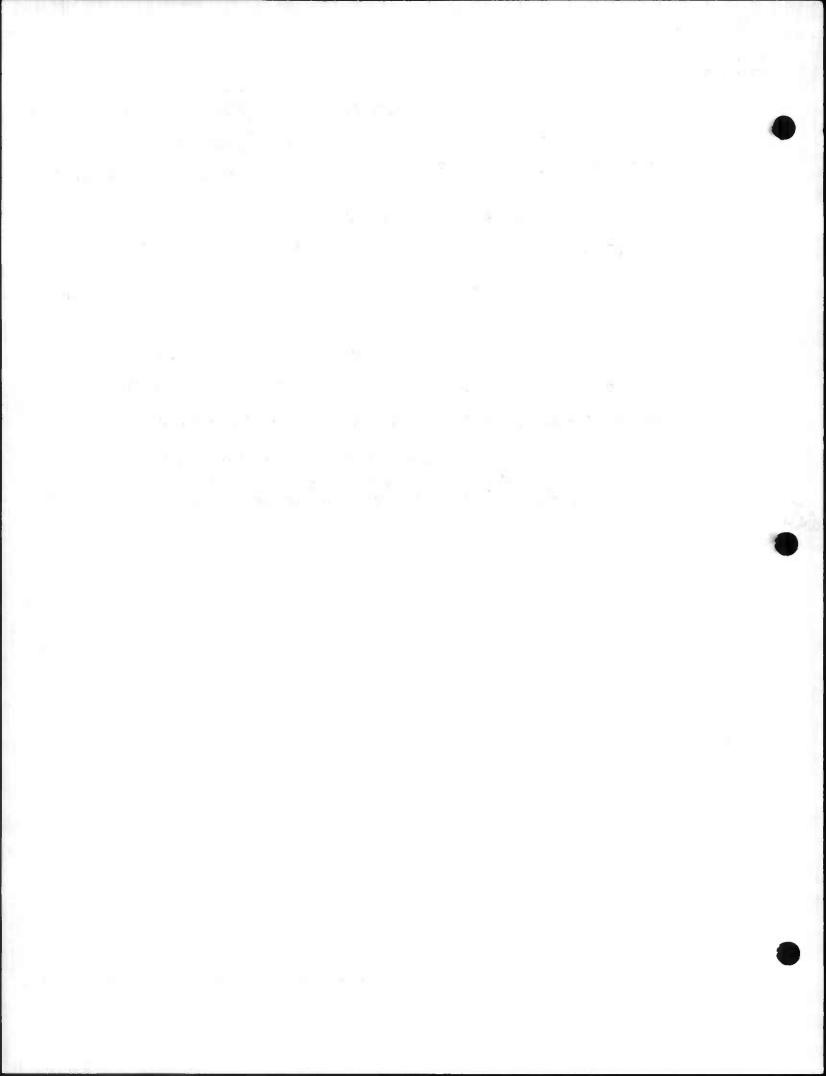


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DHMH 16 Rev 6/95



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First Middle | ast) 2. Deta of Deeth Month JUNE 20 1997 1236 P.M. sobert 4b. City, Town, or Location of Deeth 4a. Facility Nema (If not institution, give street end number) 4c. County of Deeth Hospital 7. Age (in yrs. lest birthday) Yrs. ST. Agnes 5. Sociel Sacurity Number 213-07-4989 Battmore If Under 24 Hrs. 8. Date of Birth If Undar 1 Year 6. Sex Birthplaca (Steta or Foreign Country) Deys Months 1**⊠**M 2□ F August 15, 1910 Florida Usuel Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. toslde City Limits 1 Yes 2 No Maryland 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 916 SA 12. Wes Decedent Ever In U,S. Armed Forcas? 14. Race - American Indian, Bleck, Whita, atc. Was Decedent of Hispenic OrlgIn? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: 1 ☐ Never Married 2 ☐ Married 1□ Yes 2 No Specify: 3 Widowed 4 □ Divorced Black 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life, DO NOT use retired) 16b. Kind of Business/Industry Splementery/Secondery (0-12) College (1-4or 5+) Sampsons Kesturan 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) William MINNIE 19a, Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Koberto st. Balt. Md. 21229 shelton 916 mt Holly 20e. Method of Disposition 20b. Plece of Disposition (Neme of cematery, cremetory or other place) Date 20c. Location - City or Town, Stete 1 Burial 2 □ Cremation 3 □ Removel from State National Cem. Jun 25,97 Laurel, Mary land 4 ☐ Donetion 5 ☐ Other (Specify) Maryland 21. Signatura of Funaçal Cervice Licensea 22. Name and Address of Facility Funeral Home P.A. Kevin A Parker Funeral Home P.A. 3512 Frederick Avenue 7541+10012, mD. 21229 23e. Pert1. Entar the diseesa, or complications that caused the death. Do not antar tha mode of dying, such es cardlec or raspiretory arrast shock, or heer feilure. List only one ceuse on each line. Immediete Ceuse (Finel diseese or condition resulting In deeth) do min Due to (or as a consequenca of): lerotic Dua to (or as a consequence of) 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown 24b. Were eutopsy findings aveileble prior to completion of cause of deeth? metral Regurgitation 24e. Wes en eutopsy performed? ation 20 No 1 Yes 1 Yes 2 No 26. Place of Death (Check only one)

Physician /Medical Examiner

Physician/Medical

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Completed

Medical

any injury or c

Physician

/Medical

Examiner

Director

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Funeral

Director

7 is marked other than "natural", or items 23s or 28s-f shot traumatic event, the Modical Examinat result be notified at

permit. Pages 1 and 2 should be filed within 72 hours after death 'Department of Health and Mental Hygiene. Important: If Item 27 Is marked other than "natural", or theme 23 any Injury or other traumatic event, are Replica Example main main

Baltimore, Maryland 21215-0020

Sequentielly list conditions, it eny, leeding to Immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting in death) Last

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

Hospital:

25. Wes case referred to medical exeminer?

1 Yes 2 No 27. Menner of Deeth 1 Naturel 5 Pending

Investigation 2 Accident 6 Could not be determined 3 Sulcide 4 Homicide

1 ☐ Inpatient 2 ☑ ER/Outpetient 3 ☐ DOA 28a. Dete of Injury (Month, Day Year)

28e. Plece of Injury - At home, ferm, straet, factory, office building, etc. (Specify)

28b. Time of Injury

28c. Injury et Work? 1 ☐ Yes 2 ☐ No

1 🗹 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the ceuse(s) end menner es stated.

Bultimore, MD 2/229

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

28f. Location (Street end Number or Rurel Routa Number, City or Town, Stete)

(Check only one) 2 Medical Examinar: On the basis of examinetion end/or invastigetion, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) end menner stated.

29a. Certifian

29c. License number

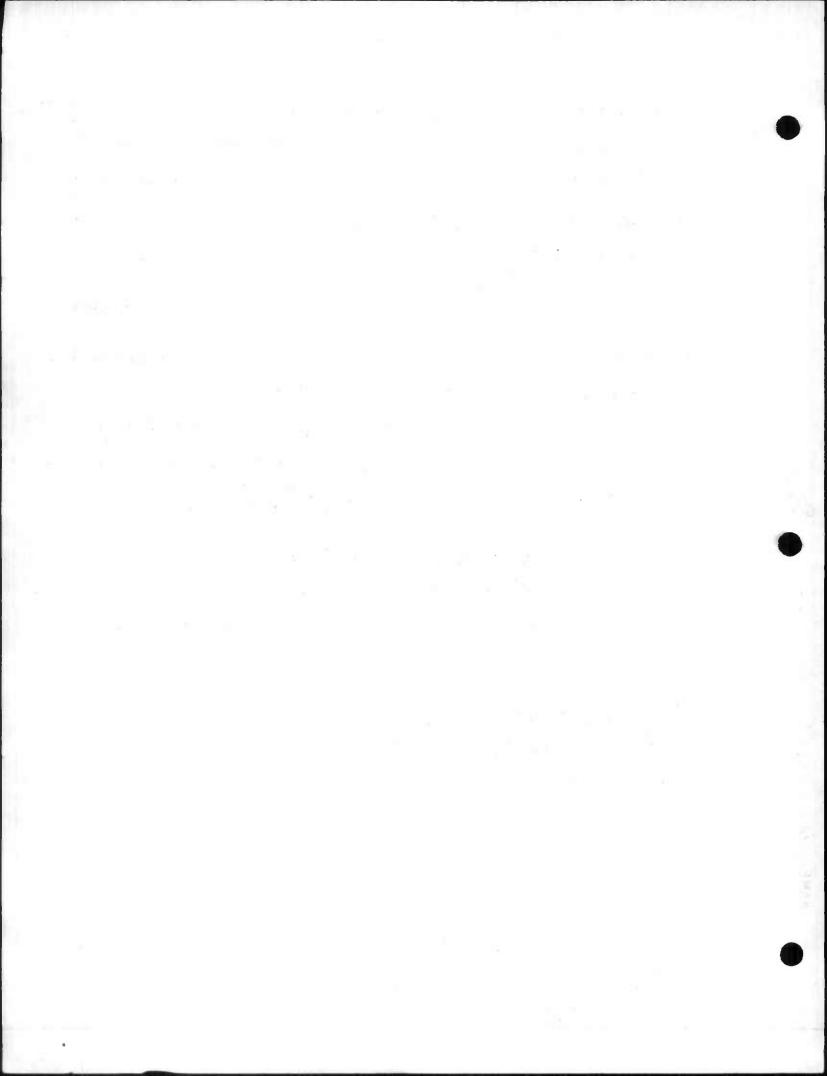
29d. Date signed (Month, Dey, Year) June 20, 1997

Registrar

30. Name and address of person who completed cause of death (Item 23e) (Type, Print) Rudice factor and AIR 26

900 cator ave 32 Registrer's Signeture usa Davidson-Randall

To the Hospital
within 24 hours a
To the Funeral C
completely filled



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month June 1997 14:20PM SOPHIE WILLIAMS 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death BALTIMORE CITY
If Under 24 Hrs. 8. Date of ST. AGNES HEALTH CARE If Undar 1 Year 7. Age (In yrs. last birthday) Birthplace (Stata or Foreign Country) 8. Date of Birth (Month, Day, Year) 1□MXXF Months Days Hours Yrs. FEB. 10 1923 MARYLAND 10h County 10c. City, Town or Location 10d. Insida City Limits 1 ☐ Yes XIX No BALTIMORE CATONSVILLE 10f. Zip Coda 10g. Citizan of What Country? 327 SUTER ROAD APT A. 21228 U.S.A. 12. Was Decedant Ever in U.S. Armed Forcas? 1 ☐ Yas 2 10 No If Yas, Giva Year or Datas: Was Decedent of Hispanic Origin? (Specify Yas or No if Yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 Nevar Merried > Marriad 1 ☐ Yes 2X No Specify: Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced 15. Dacedant's Education (Specify only highast grada complated) 16a. Decedant's Usuai Occupation 16b. Kind of Business/Industry (Giva kind of work dona during most of working lifa. DO NOT usa retired) Elamentery/Secondary (0-12) Collaga (1-4or 5+) Cook Food Service 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) William H. Smith Isabelle Allen 19a. informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Routa Number, City or Town, Stata, Zip Code) 327 Suter Rd. Apt A, Catonsville, Maryland 21228 Irvin S. Williams/Husband 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stete XXBurial 2 Cramation 3 Ramoval from Stata 4 Donation 5 Other (Specify) Garrison Forest Veterans 6-27 OWINGS MILLS, MARYLAND 21. Signatura of Funaral Sarvice Licental 22. Nama and Address of Fecility WILLIAM C. BROWN COMMUNITY F/H 1206 W. NORTH AVENUE 23a. Part1. Enter the disease, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate intarval Batweer Onsat and Death SEPTICEMIA Hours Dua to (or as e consaquance of): Several Hrs BACTERIAL PERITONITIS to a few Days Dua to (or as a consequence of) Due to (or as a consequence of) 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 ☐ Probably 4 ☐ Unknown

Physician /Medical Examiner

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signed by the

2 page 2

2

Affec

the Hospital or Attendition 24 hours after death.

the Funeral Director: A

within 24 hours a To the Funeral C completely tilled

death.

by 2

Completed

Be

Medical Certification: To

Records, P.O. Box

of Vital

ANNIE SOPHIE WILLIAMS

Physician

/Medical

Examiner

Funeral

Director

r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at

natural

I filed within 7 I Hygiene.

permit. Pages 1 and 2 should be filed wit Department of Health and Mental Hygiene Important: if Item 27 is marked other tha any Injury or other traumatic event, that, Once.

Director

Funeral

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Completed

Be

the Maryland

72 hours after

Baltimore, Maryland 21215-0020

ANNIE

5. Social Security Number

212-22-4528

10a. State

MARYLAND

7th grade

20e. Mathod of Disposition

10e. Street and Number

Usuai Rasidance of Decedani

Examiner Saquantially list conditions, if any, leading to immadiata cause. Enter Underlying Causa (Disease or Injury thet initiated avants resulting in daath) Lest Physician/Medical

Immadiata Cause (Finel disaasa or condition rasulting in daath)

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Hepatic Cirrhosis

Assymmetric Septal Hypertrophy

24b. Wara autopsy findings evallabla prior to completion of causa of death? 24a. Was an autopsy performed?

2□ No 26. Pleca of Daath (Check only ona) Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify)

June 24, 1997

1 ☐ Yas 2021	lo	Hospital:
27. Mannar of Deeth		28a. Dat
1 Natural	5 Panding	(Mc
2 Accidant	invastigation	
3 ☐ Suicida	6 Could not be determined	28a. Pia

2 ER/Outpatient 3 DOA npatiant a of Injury onth, Day Year) 28b. Time of 28c. Injury at Work? 1 Yes 2 No 28a. Piace of injury - At homa, farm, streat, factory, office building, atc. (Specify)

28d. Describe how injury occurred 28f. Location (Street end Number or Rural Routa Number, City or Town, Stata)

29a. Cartifian

25. Was casa rafarred to medical

4 Homlcida

Certifying Physician: To the best of my knowledga, daath occurred at tha tima, data and place, and due to the ceuse(s) end menner es steted. | Medical Examiner: On the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner stated.

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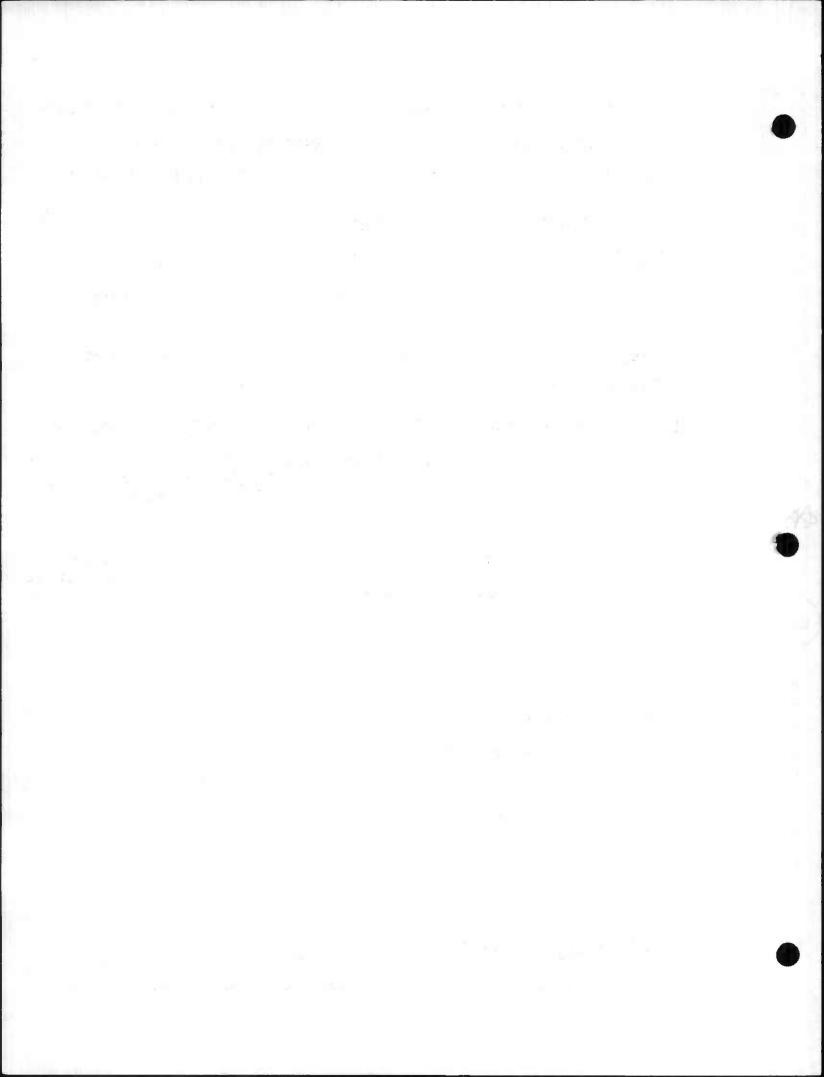
29b. Signety

29c. Licansa number 29d. Data signad (Month, Day, Year)

30. Name and addrass of person who complated cause of death (Itam 23a) (Type, Print)

J. Ross Slemmer St. Agnes HealthCare 900 Caton Avenue Baltimore, MD 21229 Nº 2 6 1997

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97

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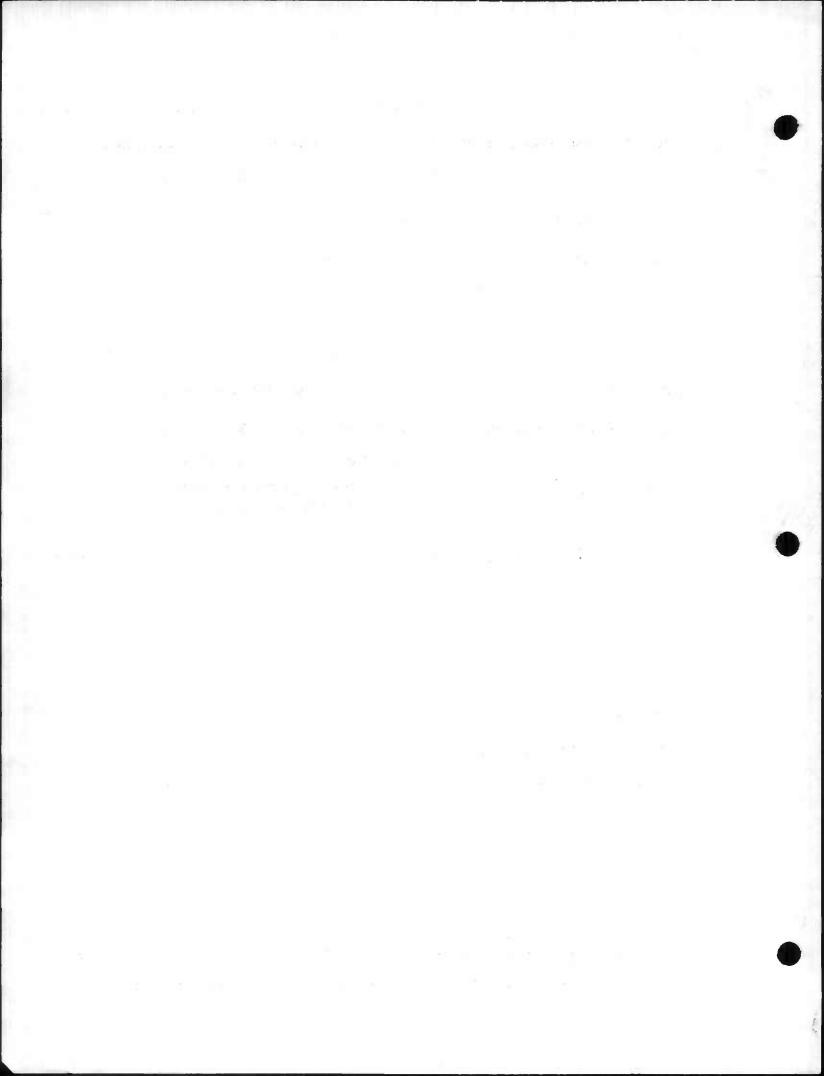
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

19466

								Cer	uncate o	ווע	Deam			Reg.	No.			
Physician /Medical		1. Decedent's Name (First, Middle, Last) Teresa WINDISH												Dey Yeer		3. Time of Death 11:23 P.		
Examiner Funeral Director		4a. Facility Name (If not institution, give street and number) Franklin Square Hospital Cent						Francisco Contractor			4b. City, Town, or Loca Rosedale			Baltimore				
		5. Social Security I 21301695 Usual Residence of	53	6. Sex 1 □ I	M 2√2 F	7. Age	(In yrs. last i	birthday) Yrs.	If Under 1 You Months Da	ear ays	If Under 2 Hours	4 Hrs. Min.	8. Date of Bi (Month, Di June 1		ar) 1911		pplace (State or Fore intry) INSYLVANIA	
28a-f show notified at ector		10a. State 10b. County MI) BALTIN						Town or Location ROSEDALE							10d. Inside City Lim 1 ☐ Yes 2 📉			
	1	10e. Street and Nu		LIOICIA			100	701.1172	10f. Zip Coo	de				10g.	Citizen of	What Co		
23a canata		7219 H	HILTOP	AVE	1			21237			USA							
by by		Never Married 2 Married 1			2. Was Decedent Ever in U,S. Armed Forces? 1 Yes 22 No If Yes, Give Year or Dates:		13. Was Decedent of Hispanic Origin? (Spe If Yes, specify Cuban, Mexican, Puerto I 1 ☐ Yes 2 ☐ No Specify:			ecify Yes or No Rican, etc.)	Bia	4. Race - American Indian, Black, White, etc.						
nor than "naturn rt, the Madical Completed			15. Decedent's Education (Specify only highest grade completed)				16a. Decedent's Usual Occu (Give kind of work done life, DO NOT use retin			ccupi one c	etion during most	of work	ing	16b	. Kind of B	usiness/ī	ndustry	
t, the Comp		Elementary/Secondary (0-12) 8 17. Father's Name (First, Middle, Las JOSEPH WINDISH			College (1-4or 5+) O		+)		RINT SHO									
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7 le me traum		19a. Informant's N												ber, Cify or Town, Stete, Zip Code) 10 21237				
t: If Item 2 y or other		TEPHEN WINDISH / BROTHER a. Method of Disposition 1 Stauriel 2 Cremation 3 Removal from State				7219 HILLTOP AVE ROSE 20b. Plece of Disposition (Name of cemetery, crematory or other place)				Date								
Important: If its any injury or of once.	100	4 □Donation 5 □Other (Specify) HOL. 21. Signature - Funeral Service Lipensee						DLY REDEEMER 6/23/97 22. Name and Address of Facility CVACH/ROSEDALE FUNERAL H 1211 CHESACO AVE 21237										
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or, page 2 e Comp			Insuff									☐ Yes 2☐ No						
E D O	1	25. Was case reference examiner? 1 Yes 2		Hospital:							er (Sner	rifu)						
	2	27. Manner of Deal			28a. Date of Injury (Month, Day Year) 28b. Time of Injury M 28c. Injury at Work? 1 Yes 2				/ at k?	at 28d. Describe how Injury occurred			ny)					
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James M	James M. Yacovissi Sr.						Mont				6:15 PM	
	4e. Fecility Name (If not institution, give street end number)						wn, or Lo	cation of Dee		997 y of Death		
	Union Memorial Hospital						more	City	N,	N/A		
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har famel	N/A			Itimore							Inside City Limi	
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1419 Weld		o North			10f. Zip Code	21 21 1			10g. Citizen of USZ	ntry?		
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10e. Street end Num 1419 Weld 11. Maritet Status 1 Never Marrie	d 2□ Married	12. Wes Decedent Eve Amed Forces? 1 November 2 No			Ves Decedent of Yes, specify Cub		n, Puerto i	Rican, etc.)	Ble	ck, White,	nerican Indien, hite, etc.	
∑ X⊠Widowed 4		If Yes, Give Year or Da		I 1□ Yes 212		Specify:			Specia	y: W	White	
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James M.	Yacovis	si, Jr.(Son)	934 V	Vaterview	w Driv	e Cr	ownsvi	lle, Man	rylan	d 21032	
20e. Method of Dispo		70 1/ 0		cemetery, cren	sition (Neme of netory or other ple	ce)		Dete	20c. Location	- City or To	own, Stete	
4 Donetion	Oremetion 3 L ☐Other (Special	Removel from S	tete Ma	ryland	Véteran	s Cem.	6	/25	Garriso	n For	est, MD	
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DHMH 16 Rev 6/95

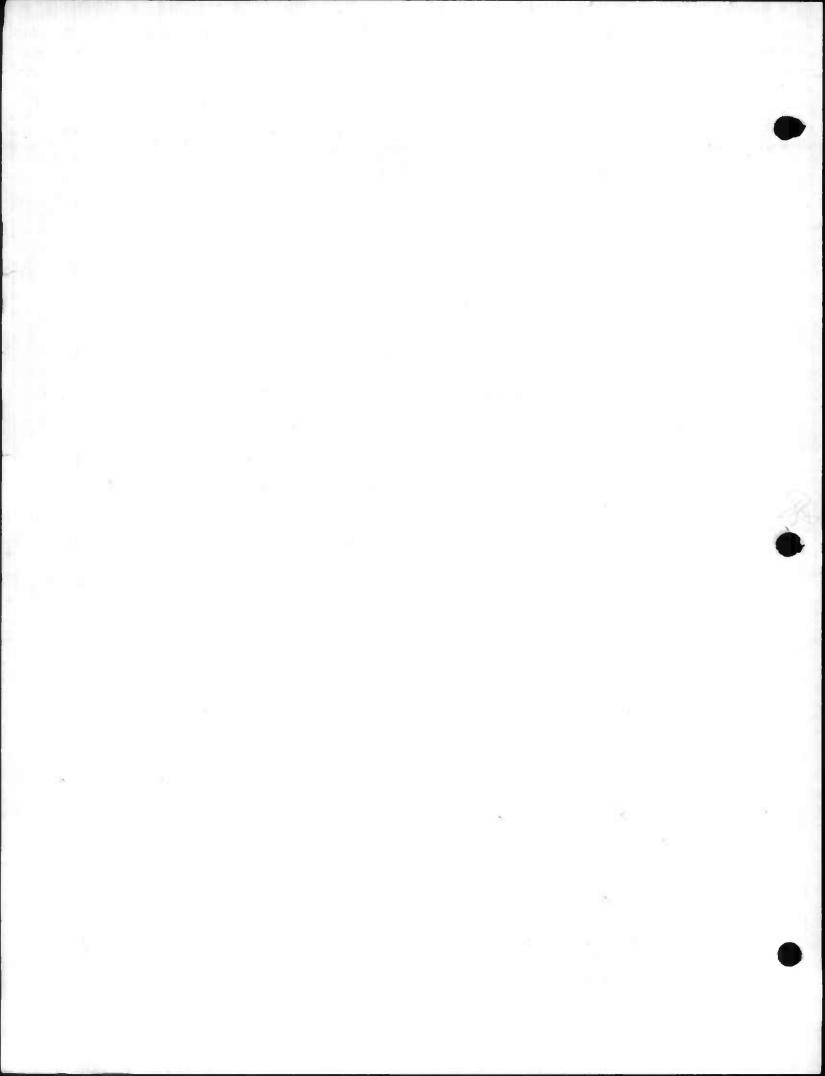
State of Maryland / Department of Health and Mental Hygiene 97

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					Ce	rtificate d	of Death		Reg. No.	,	1 3 4 0 0	
Physic /Medi		Decedant's Nama (First, Middla, Le JOYCE HAROLD		ERMAN				2. Data of	Death	1 %%7	3. Tima of Death 4:10 PM	
Exami		4a. Sagility Nama (If pot institution, or	refred ind num	r ^{er)} Cent	er		4b. City Tow	n, or Location of De	eeth 4c. Coun	Mad Death	imore	
Funeral Director		the second secon	Sax 7	7. Aga (In yrs. 73	last birthday, Yrs.	Months Da		4 Hrs. 8. Data of (Month, 4/25)	Birth Day, Year) 24	Year) 9. Birthplace (Stata or Forecountry) MARYLAND		
the Maryland 28a-f show	ctor	10a. Stata 10b. County MARYLAND BALTIM	ORE		Y, Town or L HERVII	LE					10d. Inside City Llmit	
th with th	Funeral Director	10e. Street and Number 10f. Zip Cod 2109										
020 nurs after dea el', or items	þ	11. Maritel Status 1 Never Merriad 2 Married 3 Widowed 4 Divorced	12. Was Deced Armed Ford ND Yes 2 If Yas, Giva Yaar or Dat	cas?		Was Decedant If Yas, specify (1 ☐ Yes 2X		in? (Specify Yes or Puarto Rican, etc.)	No- 14. R B	ace - Amari leck, Whita, cify:		
ire, Maryland 21215-0020 s 1 and 2 should be filed within 72 hours after death with the Maryland th flast hand Mental Hygiena. ten fast 7 is marked other than "naturel", or items 23a or 28a-1 show other traumatic event, the Medical Evanthet must be notified at	Completed	15. Decedant's E (Specify only highest gr Elementary/Secondary (0-12) 12th GRADE				dant's Usual Oc kind of work do DO NOT use ra CHINIST	ccupation one during most (tired)	of working	16h Kind of Business		ndustry	
Maryland d 2 should be filed th and Mental Hyg 7 is marked othe traumatic event,	To Be C	17. Fathar's Nama (First, Middla, Last RAYMOND WESLEY		M				s Name (First, Mid		ama)		
Aary 2 shou and M is mar	-	19a. Informant's Name/Ralationship	11/	19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code								
0 0 0		FERN ZIMMERMAN 20a Mathod of Disposition Burial 2 Cramation 3	Demoual from S		Place of Disp	FOREST osition (Name of matory or other	1	LUTHERVII	20c. Location	2109: n - City or T		
Physician /Medical		21. Signatura of Funeral Sarvice Licensee 22. Nama and Addrass of Facility 23. Part1. Enter tha disaase, or complications that Jausad III. Do not entar tha moda of dying, such as cerdiac or raspiratory arrast, MYDCARDIAL INFARCTION Immediata Causa (Finel disaase or condition										
Examiner put transit	taminer	rasulting in death)	SEVEI		or as a conse RONAR or as a conse		RY DIS	EASE			YEARS	
OX 68760, certificate be axecuted inding physician and use as the buriel-transit	n/Medical Examiner	Sequantially list conditions, if any, laading to Immadiate ceuse. Enter Undartying Cause (Diseasa or Injury that initiated avents rasulting In daath) Last	c	Dua to (o	r as a consec	quenca of):						
S, P.O. Bo as that the death or igned by the attent be detached for us	Completed by Physician	Part II. Other significant conditions of RENAL FAILUR		ith but not ras	ulting In tha u	ındariying ceusa	a given in Pert I.				to the cause of death	
aw requir		CHRONIC OBST	RUCTIVI	E PUL	MONAR	Y DISE	ASE	24a. W	/as an autopsy erformed?	64	Vara autopsy findings vallabla prior to ompletion of cause f deeth?	
Vital Ri		25. Was case rafarred to medical					00 Plans		☐ Yes 2 No	1	☐ Yes 2 No	
On of Victorial Grand Control of Victorial Grand Control of Victorial Grand Control of Victorial Control of Victorial Control of Victorial Control of Victorial Control of Victorial Control of Victorial Control of Victoria	tion: To Be	axaminar? 1 Yes 2 No 27. Mannar of Death 1 Natural 5 Panding	28a. Data of (Month)		ER/Outpatie 28b. Tima o Injury	of 28c. I	Other:				ify)	
Division of all or Attances Physics after death if Directors the state of the by the control of the by the control of the by the control of the state of the by the control of the state of the by the control of the state of the	Certification:	2 Accident Invastigatio 3 Suicida 6 Could not be detarmined		of Injury - At ho g, etc. <i>(Specif</i>	oma, farm, st y)	reat, factory, off		28f. Locatio	n (Street and Nur Town, Stata)	n <i>ber or Rur</i>	ral Routa Number,	
To the Hospital or within 24 hours af To the Funeral Di	edicai	29a. Cartifier (Check only one) 1 Certifying Pr	ysician: To tha b ninar: On tha bas and manna	is of axamina	wledge, daat tion and/or in	h occurred at th	a tima, data and ny opinion, daath	place, and dua to to occurred at tha tin	the cause(s) and ina, data and place	manner as s e, and dua	stated. to tha causa(s)	
To the within 2 To the comple	M	29b. Signeture end titla of certifier	fow,	M.I),	100	ensa number 4034		29d. Dete sign	red (Month)	Day, Year)	
dx,		30. Name and addrass of person who TIMOTHY LOW, M	completed causa	of daath (Item 520 YC	ORK R	Print) DAD, T	owson,	MARYLAN	ND 2120	4		

State Registrar 31. Data filed (Month, Day, Year)

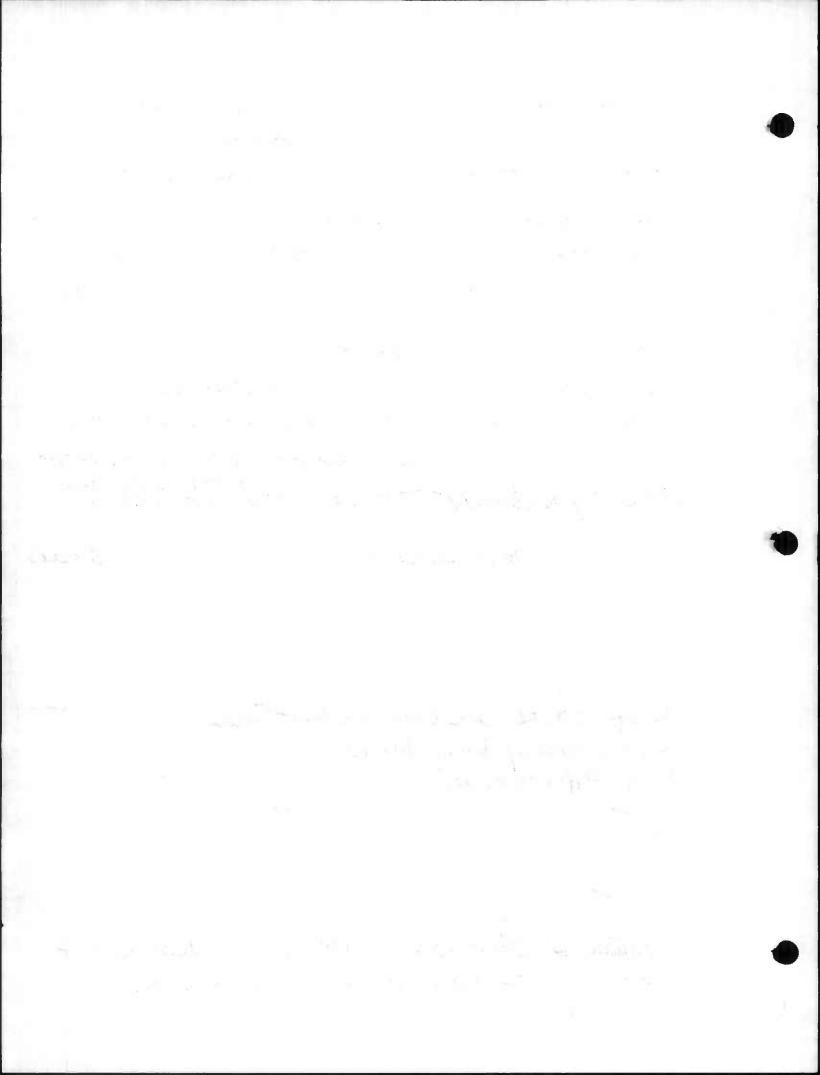




State of Maryland / Department of Health and Mental Hygiene 97 | 9469

							Ce	rtificate	e of	Death			Reg. No.			12402
	Observator		1. Decedant's Nama (First, Mic	idia, Last)								2. Data of De			Vees	3. Tima of Death
	Physic /Medi		CATHERINE	MARIE	AUL	.T						June 2	24, Day	199	7 aar	9:55P
	Exami		4a. Facility Nama (If not institut	ion, giva straat i	and numb	ar)				4b. City, To	own, or L	ocation of Daat	h 4c.	County	of Death	
			Augsburg Hom	е						Ba	altir	nore		Bal	timo	re
	Funerai	Г	5. Social Sacurity Number	6. Sex		Aga (In yrs. last	t birthday)	If Undar		If Undar	24 Hrs.		th			oleca (Stata or Foraign
	Director		213-20-2641	1□ M 2	XX	96	Yrs.	Months	Days	Hours	Min.	February	2.190)1		yland
	P.		Usual Residence of Decadent													
	anylar show	_	10a. Stata 10b. Coun	ty		10c. City, T	own or Lo	cation							1	Od. Insida City Limits
	e Me	cto	Maryland Bal	timore			В	altim	ore							1 Yas XXXIII
	# 9 ×	Directo	10e. Street and Number					10f. Zip	Coda				10g. Citi		/hat Cour	ntry?
	23a		6811 Campfield	Road						2120	07				USA	
	72 hours efter death with the Maryland netural, or items 23a or 28a-f show deal Examiner must be notified at	Funeral	11. Marital Status	12. Wa	as Deceda med Force	nt Evar in U,S.	13.	Was Deced	lant of I	Hispanic Or	igin? (Sp	ecify Yas or No Rican, atc.))-		a - Amario k, Whita,	can Indian,
2	or it		1 Navar Married 2 Ma	M V	med Force] Yas 2. /as, Giva	T/No		1□ Yes 2						Specify		White
00	72 hours netural',	d by	3XXVidowed 4 ☐ Divorce		ar or Data	s:				.,,				opeony.		
5	l within 72 ho liene. ' than "netu	Completed	15. Decede (Specify only high	ent's Education nas <i>t grad</i> a comp	plated)	1	6a. Deced (Giva	dant's Usua kind of wor DO NOT us	l Occup k dona	pation during mos	st of work	ding	16b. Ki	nd of Bu	siness/In	dustry
12	filed within Hygiene. ther than "	mp	Elementary/Secondary (0-12) Co	llege (1-4d	or 5+)				nd)			0	. II.		
7			17. Fathar's Nama (First, Middle	- t			но	memak	er.					n Ho		
3n	be de la la la la la la la la la la la la la	Be								18. Moth		a (First, Middle			a)	
=	should be nd Mental in marked or umatic eve	10	Andreas Geig									zabeth				
Maryland 21215-0020	2 a 9 a		19a. fnformant's Name/Ralation	nship (Type, Pri								ral Routa Numb				
0	CHNL		C.A.Ault		Son					Drive	e Ba	ltimore		-м-		and the second second
0	5 7 20		20a. Mathod of Disposition ✓ Burial 2 ☐ Cramation	3 □Ramova	I from Sta	ta cemi	atery, crar	sition (Nam natory or of	thar pla		į	Data				own, Stata
E	permit. Pege Depertment of Important: if any Injury or once.		Donation 5 Other			Imma	anuel	Leth	erai	n Chui	rch	6/27/97	Bal	timo	re,	Maryland
Baltimore,	Dependit Depending Important Information I		21. Simatura of Funeral Service	e Licansaa	1/	1	22	. Nama and	d Addra	ass of Facili	ity	Mitche	11-W	iede	feld	Home
ш	205 2 9		Drinis XIle	Okons	Ona	00	65	00 Yo	rk I	Road I	Balt.	imore,				
			23a. Part1. Enter the disease, shock, or heart failure. Li	or complications	s that caus	sad the death. [Do not ant	ar the mode	a of dyle	ng, such as	cardlac	or raspiratory a	rrest,	2 0110		Approximata
	Physician	1	Shook, of Haart landig. El	st only ogo caus	so on aau	i iiig.									- 1	Intarval Batween Onsat and Daath
	/Medical		Immediate Causa (Final disaasa or condition		ACIT	E LEV	VENI	up.								8 WEEKS
	Examiner		rasulting in death)	a/	ACU I	Dua to (or as						-			1	OWEEKS
_	D #	ner														
	certificete be executed vding physician and use es the buriel-transit	Examiner	Sequantially list conditions.	6. —	-	Dua to (or as	a consec	uanca of):			-					
O	an a		Sequantially list conditions, if any, laading to Immadiata causa. Entar Undarlying Causa (Disaasa or Injury													
68760,	ysici	edical	that initieted avants rasulting in daath) Last	C		Dua to (or as	a consaq	uance of):								
	deeth certifice ettending ph d for use as th	/Med	rasulting in daatii) Last													
Вох		an		d			-								+	
	0 4 7	Physician	Part It. Other significant condi	tiona contributin	ng to death	but not rasultin	g in tha u	nderlying ca	ausa giv	van in Part	1.	23b. Dld	tobacco	use con	tributa to	the cause of death
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	es that igned be det	by	Hx of 3	MOKE	0	und C	ong	STIL	er	HOW	Ta	lline"				4 5-5
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	ilcian: The certificate rector, pag	0	25. Was casa rafarred to medic	POY TO	ons	lon				OC Dise	ad Danie			71/10	11	l tas ZLINO
		0 8	axaminar? 1 ☐ Yas 2 ☐ NO	Hospita	l: 1 🗆 Inpa	ations OFF	/Outrotion	, all Do	Ott	har:	-	th (Check only o		Пон		
of		-	27. Manner of Daath	28a.	. Data of Ir		Outpatien b. Tima of				ursing Ho	oma 5 Rasi 28d. Dascribe	-			у)
9	Attending P or death. ector: Atter t by the funera	to	1 ■Natural 5 □ Pano 2 □ Accidant Invas	ting tigation	(Month, I	Day Year)	Injury	м	8c. tnju Wo 1 □	rk? ∣Yas 2 🗆	No					
2	death. ctor: A y the fu	fica	3 ☐ Suicida 6 ☐ Coul	d not be	Placa of	Injury - At homa	farm str					28f. Location /	Street an	d Numbi	er or Rura	al Route Number,
Division	Oire Dire	Certification:	4 Homicide	mined 208	building,	atc. (Specify)	, , , , , , , , ,	out, ruotory	, 011100			City or To	wn, Stata,)	, 0, ,,,,,	. riodio ridinosi,
	To the Hospital or Attendi within 24 hours efter death. To the Funeral Director: A completely filled in by the fi		29a, Cartifier 1 Cartify	ing Physician	To the her	st of my knowlad	dae deet	occurred s	at the tir	me dete en	d place	and due to the	Canca(a)	and may	00000000	loted
	Fur etely	edicai	(Check only 2 Madica	ii Examinar: Or	the basis	of axamination	and/or inv	vastigation,	in my c	ppinlon, daa	th occur	red at tha tima,	data and	placa, a	nd due to	tha causa(s)
	othi othi ompl	M	29b. Signatura and titla of cartif		γ	otutuo.		29c.	. Licans	sa number			29d, Data	a signed	(Month.	Day, Year)
	F 3 F 8		· Deletino	1///	Line	00 V	0		104	567	1		4			
			Neulle	2	mer	r	0		07	2101			JUN	6	26,	1997
-	-		30. Name and eddrass of perso							D = 3.4						
	-	-	Dr Debra F 31. Data filad (Month, Day, Yea		320 Don!	rark He	ignts	Aven	iue	Balt	1mor	e Maryl	and	2120	18	
	Sta R/ gist	0000	JUN 2 7 19		Julia	Stray's Signature	Pande	Charles of the Control of the Contro								
4	grau	- 14	JUNAIR	N1.	0		-									

DHMH 16 Rev 6/95

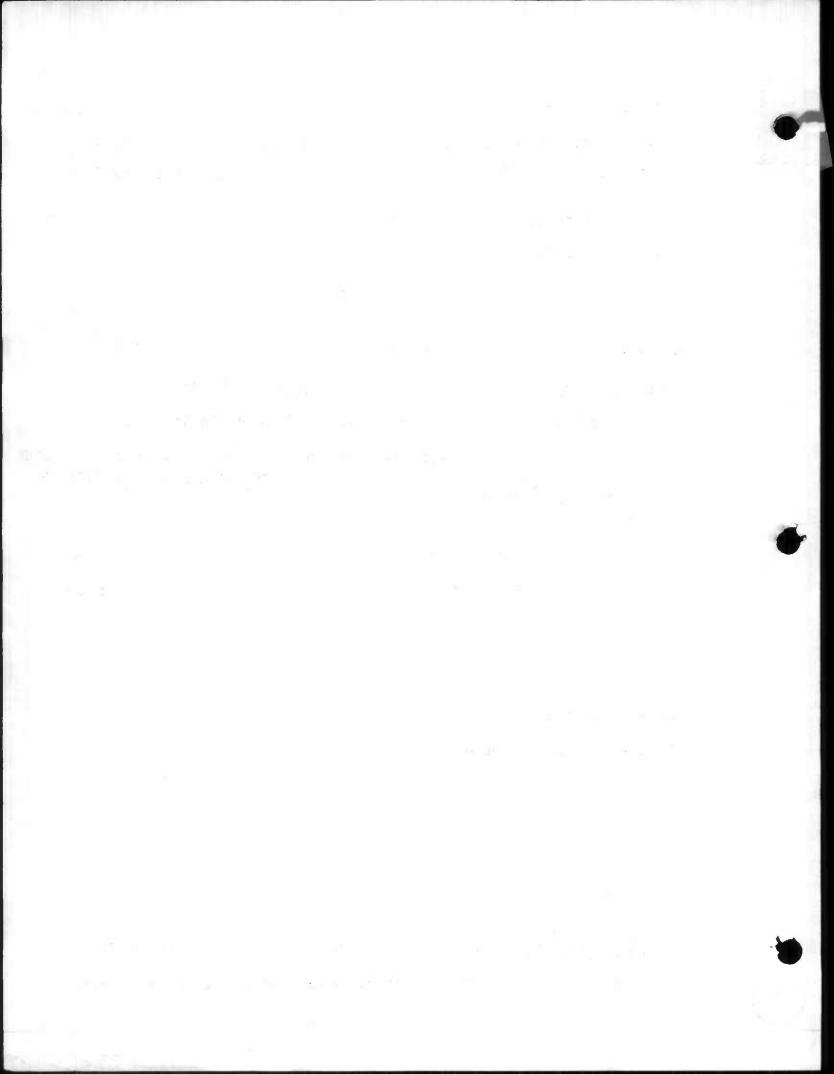


State of Maryland / Department of Health and Mental Hygiene

19470

				Cer	tificate o	f Death		Reg. No.		1 2 7 1 0
Dhusisian	_	Decedent's Neme (First, Middle, Last)					2. Dete of D Month	eeth Dey	Year	3. Time of Death
Physician /Medical		Olivia Rebecca	a AM	OS			June			11:15 am
Examiner		4e. Facility Neme (If not institution, give stree				4b. City, Town,	or Location of Dee		nty of Deeth	11.15 000
	ı	Franklin Square H	osnital Cen	ter		Rosed	210	Po	ltimo	**
uneral	5	5. Sociel Security Number 6. Sex	7. Age (In yrs.		If Under 1 Yes	ar If Under 24 h	Hrs. 8. Dete of B	irth Da	9. Birth	place (State or Foreign
ector		220-14-1137	² ♥¥ 7	3 Yrs.	Months Dey	s Hours N	FEB.	1924	VIRG	plece (Stete or Foreign http) GINIA
		Usuel Residence of Decedent								
5 .		10e. Stete 10b. County	10c. City	y, Town or Loc	ation					10d. Inside City Limits
· 100		MARYLAND BALTIMORE		R(SEDALE					1 Yes 2(XNo
eny Injury or other traumatic event, the Medical Examiner must be notified at once. To Be Completed by Funeral Director		10e. Street end Number			10f. Zip Code	Э		10g. Citizen o	of Whet Cou	nfry?
a ie		6810 BENSEL AVENUE			212	37		U.S.	Α.	
Funeral		11. Maritel Stetus	ves Decedent Ever in U,	S. 13. W	as Decedent o	Hispanic Origin?	(Specify Yes or Nuerto Rican, etc.)	o- 14. P	laca - Ameri	
12		1 Never Married ACX Married	Yes 2 No Yes, Give eer or Detes:				Jerto Hican, etc.)		Bleck, White,	
by		3 ☐ Widowed 4 ☐ Divorced Y	eer or Detes:	'	□Yes 2)(C)X(lo Specify:		Spe	city: BLA	HUN
Completed		15. Decedent's Education (Specify only highest grede con	n nalatad)	16e. Decede	ent's Usual Occ	supetion	watiles	16b. Kind of	Business/In	dustry
ald			college (1-4or 5+)	life. D	O NOT use reti	ne during most of ired)	working	EDUIG	ATTON	
5		8th grade		CUSTO	DIAN			FDUC	ATION	
Be		17. Fether's Neme (First, Middle, Last)				18. Mother's I	Name (First, Middle	e, Meiden Sum	eme)	
2		JAMES D. JACKSON				CLARE	S. JACK	SON		
1		19e. tnformant's Neme/Reletionship (Type, F	Print)	19b. Maiting	Address (Stre	et end Number or	Rural Route Numi	ber, City or Tov	vn, State, Zip	Code)
		Donald Amos/Son		17 Sho	on Cour	t, Balti	more, Ma	ryland	21220	
0000	2	20e. Method of Disposition		lece of Dispos	ition (Neme of etory or other p	oleca)	Dete	20c. Locatio	n - City or To	own, Stete
		1 Burial 2 ☐ Cremetion 3 ☐ Remove 4 ☐ Donetion 5 ☐ Other (Specify)	rel from State HOL		LS MEMO		6-30-97	MIDDLE	RIVER	R, MARYLAND
9		21. Signeture of Funerel Service Licensee	000	22.	Name end Add	dress of Facility 1,1	TILITAM C	BROWN	COMMI	JNITY F/H
once		· /	010	W0		3.5	206 W. N			3111111711
	+	23e. Pert1. Enler the diseese, or complication	ns that caused the death	Do not ente	r the mode of d				LITOL	Aparavimata
lan)	1	shock, or heart feilure. List only one ce	use on each line.	50 1101 01110	. 11.0 11.000 01 0	ying, oddir od oon	aloo or rospirotory	arroot,	1	Approximete Intervat Between Onset and Deeth
ian ical	L	Immediate Ceuse (Finel								
ner		diseese or condition resulting in deeth)	Septic Shoo	ck						1 Day
e la	1			r es e consequ	ience of):					
듵	1	b	Peritonitis						i	1 Day
Examiner		Sequentially list conditions, if eny, leeding to immediate	Due to (or	es e consequ	ence of):					
		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury thet initiated events								
n/Medical	1	resulting in deeth) Lest	Due to (or	es e consequ	enca of):					
n/Medical Examin		d								
	-									
y Physician	F	Pert II. Other significant conditions contribut	ing to death but not resu	ilting in the und	derlying cause	given in Pert I.	23b. Did	tobacco use	contribute to	o the cause of death?
		Diabetes Mellitus					1[Y88 25 No	3 ☐ Pro	bably 4 Unknown
0										
Completed by P		Peripheral Vascular	Disease				24e. Wei	s en autopsy ormed?	94	ere eutopsy findings reileble prior fo
ple	1-		DISCASE				-		of	empletion of cause deeth?
000							10	Yes 2 No	1[☐ Yes 💋 No
ro Be Com		25. Wes cese referred to medicel examiner?				28. Plece of I	Death (Check only	one)		
To		examiner/ 1 ☐ Yes 250 No Hospit	el: 1 Unpatient 2 🗆	ER/Outpetient	3 DOA	Wher	g Home 5 Res		Other (Specia	(y)
	2	7. Manner of Deeth 28	e. Date of Injury (Month, Dey Year)	28b. Time of Injury	28c. in W			how Injury occ		
tificatio		1 Naturel 5 Pending 2 Accident investigation	,, 20, 1001/	пцыу		Yes 2 No				
Certification:		2 □ Suicide 6 □ Could not be	e. Plece of Injury - At ho	me, farm, stre	et, fectory, offic	e	28f. Location	(Street end Nu	m <i>ber</i> or Rura	al Route Number,
le T		I tollifode	building, etc. (Specify	7			Unty or To	iwn, Stete)		
ai	1	29e. Certifier 1 Certifying Physician	: To the best of my know	viedge, death	occurred et the	time, dete end ple	ece, end due to the	ceuse(s) end	menner es s	teted.
edicai		(Check only 2 Medical Examiner: C	In the basis of examinet and menner stated.	ion end/or Inve	estigetion, in my	y opinion, deeth o	ccurred et the time	date end plac	e, end due t	o the ceuse(s)
Medical Cert	2	29b. Signeture end title of certifier			29c. Lice	nse number		29d. Dete sig	ned (Month,	Dey, Year)
		D il	anony	1	D1	7996		Tune	25, 1	007
	-	James James Or	uno -	000) (7				Julie	4J, 1	-
	3		ed ceuse of deeth (Item			d 70	1.1		1 0	1007
CHE	3	David Zajano M.D. 31. Dete filed (Month, Day, Yeer)	9000 Frank 32. Registrer's Survey	one e		TAG Ra	ltimore,	maryla	ind 2	1237
State egistrar	ľ		Julia David	bon-Many	lette					
J. Street	١	JUN 27 1997	D.							

DHMH 16 Rev 6/95



ICELINE ANDERSON State of Maryland / Department of Health and Mental Hygiene

Physician	
/Medical	
Evaminer	

ICELINE

3 Time of Death 1997 4:37P.M.

10d. Insida City Limits

1 Yas 2 No

Funeral Director

Director

Funeral

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Pages 1 and 2 should be filed within 72 hours after death with the Maryland nent of Health and Mental Hygiena. Int: If them 27 is marked other than "natural", or items 23s or 28s-f show 7 is marked other than "natural", or items 23s or 28s-f shor traumstic event, the May cal Examinar must be notified at

Baltimore, Maryland 21215-0020 other t permit. Pages Department of Important: If it any injury or o

Physician /Medical Examiner

physician and the burial-transit The lew requires that the death certificate be executed attending pl signed by the al paga 2 s certificata Hospital or Attending Physician: funaral director. After this aftar death. Director: Aft

Division of Vital Records, P.O. Box 68760,

Be Lo Examiner Physician/Medical by Completed Be 2 Certification: To the Hospital of within 24 hours a To the Funeral D complataly filled edicai

Certificate of Death 1. Decedent's Nema (First, Middla, Last) 2. Dete of Deeth Month ANDERSON JUNE 20 4a. Fecility Nema (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c County of Death 3111 OAKFORD AVE BALTIMORE If Undar 1 Year If Undar 24 Hrs. 8. Data of Birth (Month, Pay, Year) JUL 27, 1924 5. Sociel Security Number 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foraign 1□M 2XF Yrs. JAMATCA 098 46 1295 Usual Rasidance of Decedant 10a State 10h County 10c. City. Town or Location MD. N/A BALTIMORE 10e. Straat and Number 10f. Zip Code 10g. Citizen of Whet Country? 3111 OAKFORD AVENUE 21215 U.S. OF A. 12. Wes Decedent Ever in U,S. Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxicen, Puarto Ricen, atc.) 14. Race - Amarican Indian Black, Whita, atc. 1 Never Married 2 Marriad 1 ☐ Yas 2 🗙 No Specify: Specify: 3 ☐ Widowed 4 X Divorced BLACK 16a. Decedent's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elamantary/Sacondary (0-12) College (1-4or 5+) DIETICIAN CULONARY ARTS 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) UNKNOWN IINKNOWN 19a. Informant's Name/Ralationship (Type, Print) 19b. Malting Address (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) STEWART (NIECE) 3305 GLEN AVENUE BALTO., MD. 21215 LORNE 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stete 20a. Mathod of Disposition 1XBurial 2 Cramation 3 Ramoval from Stata KING MEMORIAL PARK 6/28/97 BALTIMORE, MARYLAND 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura Tharal Sarvica Lican a EWIS T GWYNN 22. Nama and Addrass of Facility
LEWIS T. GWYNN FUNERAL HOME 4517 PARK HEIGHTS AVE. Luce BALTO., MD. 23a. Part1. Enfer the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory errest, shock, or heart tailure. List only one cause on each line. Captisvascular Disease immediata Causa (Final pertensive disaase or condition rasulting in death) Atherosclaratic Dua to (or es a consaquance ot): Sequantially list conditions, if any, laading to immadiata ceusa. Entar Undarlying Causa (Disaasa or Injury that initialed avants rasulting in daath) Last Dua to (or as a consequence of) Dua to (or as a consaquance ot) Part II. Other algorificant conditions contributing to death but not resulting in the underlying ceusa given in Part I.

23b. Did tobacco usa contributa to the cause of death? 3 Probably 4 Minknown 1 Yes 2 No

24a. Was an autopsy performed? INSPECTION 24b. Wara autopsy tindings available prior to complation of ceuse of death?

Approximete tntarval Batwaan Onset end Daeth

1 🗆 Yas 3(3)NO 26. Placa of Daath (Check only ona)

28d. Dascribe how injury occurred

1 ☐ Yas 2 ☐ No

25. Wes cesa rafarrad to medicel axaminar? XXYas 2 No 27. Mannar of Death

1 Natural 2 Accidant

3 Suicida

29a. Certifian

4 Homicide

5 Panding

28a. Data of injury (Month, Day Year) invastigation 6 Could not be 28a. Place of Injury - At homa, farm, streat, factory, offica building, atc. (Spacify)

Hospital:

1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of

Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 28c. Injury at Work?

1 ☐ Yas 2 ☐ No

28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata)

29b. Signetura and titla of certifier

1 Cartifying Phyaician: To tha best of my knowledga, daath occurrad at tha tima, data and place, and dua to tha causa(s) and mannar as stated. Medical Examinar: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Data signed (Month, Day, Yaar) 29c. Licansa number

O.C.M.E.

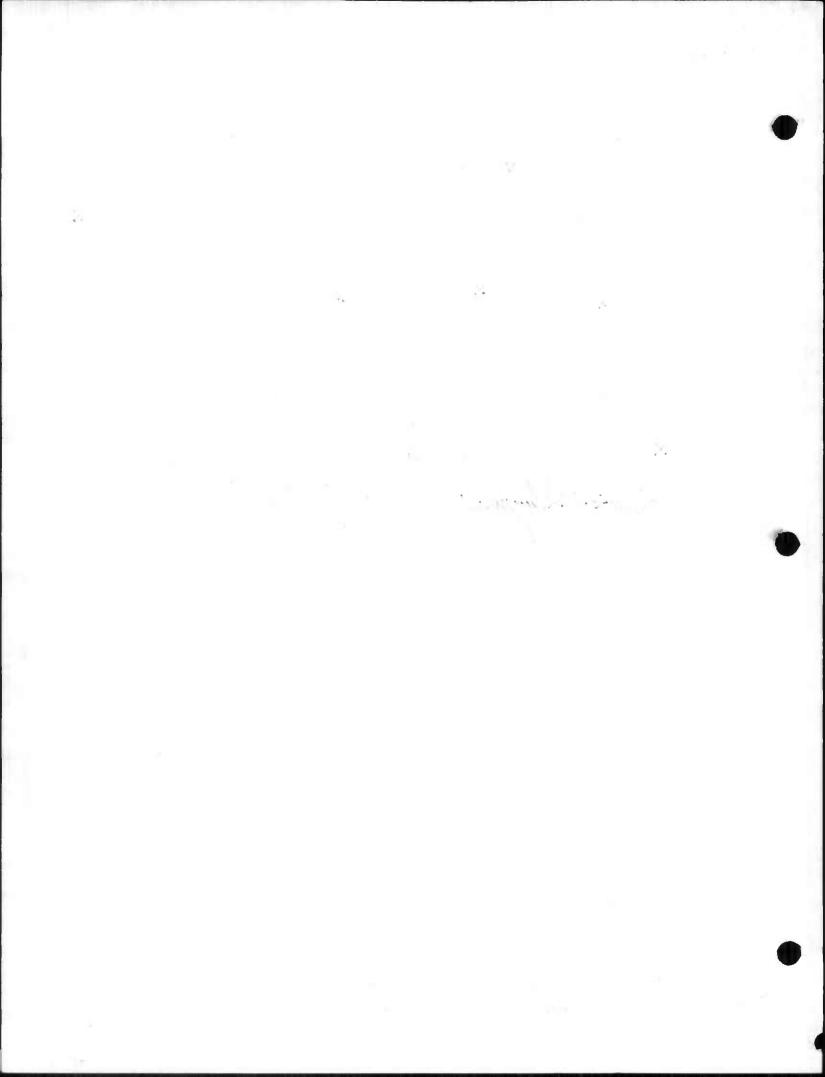
JUNE 21,1997

30. Nama and addrass of parson who complated causa of death (Itam 23a) (Type, Print)

Dennis J hute MO 111 Penn Street, Baltimore, Maryland 21201

31. Data tiled (Month, Day, Year) JUN 2 7 1997 32. Registrer's Signatura 1517

State Registrar

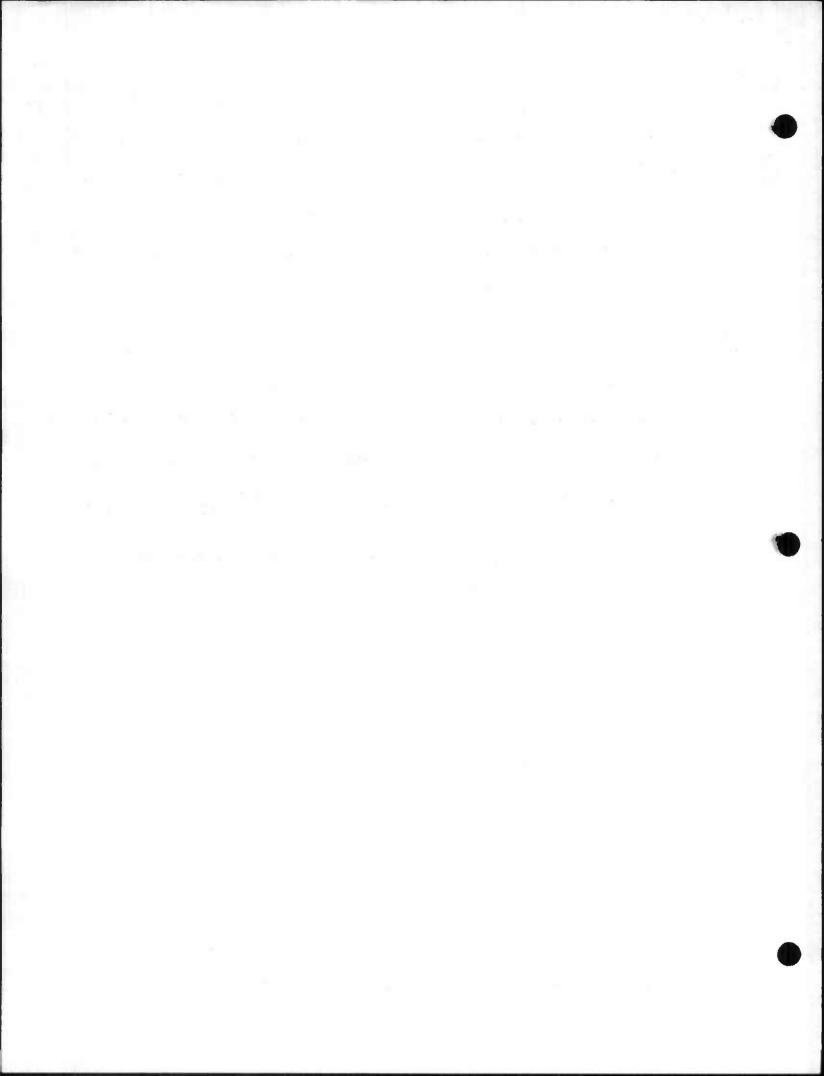


State of Maryland / Department of Health and Mental Hygiene

(7) 079	1 0 1	
CI /	0	172
		31/

ALE	BRAN	ΙAC					(Certificate	of	Death		Reg. No.	- 1	13412	
	Physicia	an	1. Decedent's Neme (First, M								2. Dete of De Month JUNE		9 ^{Year}	3. Tima of Deeth	
	/Medic	ai	DALE TIMOT							45 Ob. Tour and				1:38 PM	
	Examin	er	4a. Facility Neme (If not institute BAYVIEW ME						,	4b. City, Town, or Lo BALTIM		h 4c. County	CITY	7	
	Funerai Director		5. Social Sacurity Number 213–68–9974		ox ØM 2□F	Aga (In yrs.	5 Yr	Months	Year Deys	If Undar 24 Hrs. Hours Min.	8. Dete of Bir (Month, De NOV . 7	y, Year)		plece (Stete or Foreign ntry) 'LAND	
pug	3_	Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location										1	10d. Inside City Limits		
e Maryl	a-f sho	ctor	MD	,	CITY			ALTIMORE	C:	ITY		Yes 2□N			
h with th	23a or 28	al Director	1300 SOUTH H	IGHL	AND AVEN	UE		10f. Zip C	ode	21224		10g. Citizen of UNITE		*	
5-0020 72 hours after death with the Maryland	ital Hygiene. d other than "natural", or items 23s or 28s-f show event, the Medical Examiner must be notified at	by Funeral	11. Maritel Stetus 1 Never Married 2		12. Wes Decedent Armed Force 1 Yas 2 If Yes, Give Year or Determined Force Procedure Forc	es? X) No	,S.	13. Was Decader If Yes, specify		dispento Origin? (Spen, Mexican, Puarto Specify:	ecify Yas or No Rican, etc.)	acity Yas or No- Rican, etc.) 14. Reca - American Indien, Black, White, etc. Specify: WHITE			
5-0	natur	eted	15. Dece (Specify only his				16e. D	ecedent's Usuel (Occup done	oation during most of work	ina	16b. Kind of B	usiness/In	idustry	
vithin	than the Me	Completed	Elementery/Secondary (0-1		College (1-4	or 5+)	'//	ife. DO NOT use N/A	retire	during most of work d)			N/A		
d 2	al Hygie other t	ပ္ပ	17. Fether's Neme (First, Midd	tle (ast)				II/A		18. Mother's Nem	a /First Middle	Maiden Suman			
arylan should be		To Be	THOMAS BRANA							EDITH BO		, margari garriari	,		
E de	BEE		19e. Informent's Neme/Releti CATHERINE BRA	onship (7 ANAGA	ype, Print) AN/WIFE					end Number or Run GHLAND AVI				Code) ID 21224	
Baltimore,	Department of Health a Important: If Item 27 Is any injury or other trea once.		20e. Method of Disposition 1 □ Burial 2 □ Crametic 4 □ Donetion 5 □ Other			ata	emetery,	Disposition (Name cremetory or other N CEMETE	er ple		Dete E 26	20c. Location -			
Salti Balti	apertm porta ny inju		21. Signature of Funerel Serv	ice Licans	sae	0	/ -	22. Ne <i>m</i> e end .							
ш а	스트롭혀		23e. Pert1. Enter the disease shock, or keert feilure.	th	sel	enes	Be	CHARLES	S.	ZEILER &	SON, I	NC.	VID 21	224	
Ex.	ysician Medicai caminer	ner	Immediate Cause (Final disease or condition resulting In death)	List only o		erios	scle			rdiovasc			1	Intervel Between Onsat and Death	
Box 68760, auth certificata be executed	ng physicia es the bur	n/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Couse (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es a consequenca of): Due to (or es e consequence of): Due to (or es e consequence of):												
. 0	he ette	Physician/	Pert II. Other significant cond	litlona co	ntributing to deat	h but not rese	ulting In th	he underlying cau	se giv	ven in Pert I.	23b. Did	tobacco uae co	ntribute to	o the ceuse of death?	
P.C	detach										10	Yes 2□ No	3 Prof	babiy 4 Dunknown	
Division of Vital Records, P.O. Box or Attanding Physician: The law requires that the death ce	pinou	Completed by									perfo	en eutopsy ormed? Oection	9V	ere eutopsy findings valleble prior to completion of cause deeth?	
The La	nta ha	mo.									10	Yes 2 No	1[□ Yes 2□ No	
ita is		Be	25. Wes case referred to med axeminer?	ical						26. Place of Deet	n (Check only o	one)			
of Vital R	his ce	2	1 XYes 2 No		Hospitel:		ĘR/Outp		Oth	4 U Nursing Ho	me 5□Resi	dence 6 □Oth	er (Specif	(y)	
Sion o	within 24 hours after death. To the Funeral Director: After this completaly filled in by the funeral di	Certification:	E C Proordant	nding astigation ald not be	28e. Date of (Month,	Injury Day Year)	28b. Tin Inju	ne of 280 ury M	. Injur Wor	ry et rk? Yes 2 □ No	28d. Describe	how injury occur	red		
Divi	al Direct ed in by	Certifi	3 Suicida 6 Cou 4 Homicide det	ermined	28e. Pieca of building	Injury - At ho , etc. (Specify	ome, ferm y)	n, street, fectory, o	offica		28f. Location (City or To	Street and Numb wn, State)	er or Aure	el Route Number,	
Hospi	n 24 hour	edicai				s of exemine				me, dete end pleca, pinion, deeth occurr					
Tot	To the comp	M	29b. Signeture end title of card	ifler Q	17.1.	L. Ma	١			e number		29d. Dete signe			
	3	-	30. Name end eddress of pers	on who c		of death (Item			. C.	.M.E.		JUNE 2	.J, I:	J J I	
	Stat		Stephen Rad 31. Date filed (Month, Day, Ye	ar)	32. Red	istrar's Signe	ture		eet	t, Balti	more,	Maryla	and 2	21201	
	Registra	ar	JUN 2 7 19	J/	grund	Tavidson-	gande	ر الا							

DHMH 16 Rev 6/95



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Las			FICATE C		REG. N								
The state of the s	10)				2. DATE OF DEATH		3. TIME OF DEATH						
ISABELLE PAYN	E ENGLE BUS	Н			JUNE 5	1997	6:55 A M						
4. SOCIAL SECURITY NUMBER 578-40-8831	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year) APR . 2,	8.	BIRTHPLACE (State or Foreign Country) WEST VIRGINIA						
Se. FACILITY NAME (If not institution, give	e street and number)		9b. CITY, TO	MN OR LOCATION OF DE			INTY OF DEATH						
CARRIAGE HILL RESIDENCE OF DECEDENT 10a. STATE 10b. COUR				HESDA			TGOMERY						
10a. STATE 10b. COUN		10c. CIT	TY, TOWN OR LO	CATION			10d. INSIDE CITY						
	TGOMERY	B	ETHESDA			6	1 🖾 YES 2 🗌 NO						
100. STREET AND NUMBER 52 15 CEDAR LAI 11. MARITAL STATUS				20814		10g. CITIZEN	USA						
3 K Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	S NO	If yes	DECENDENT OF HISPAN I, specify Cuban, Mexica YES 2 NO Specify	n, Puerto Rican, etc.)	fes or No- 14.	RACE — American Indian, Black, White, etc. Specify: WHITE						
15. DECEDENT'S EL (Specify only highest gra	DUCATION ide completed)	16a. DECEDENT'S	USUAL OCCUP	ATION	16b. KIND OF B	USINESS/INDUST	TRY						
Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)			most of working SPECIALIST		L SECUR							
0 17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Mald		5A						
WILLIAM ORRICE	K CUNNINGHAM	PAYNE		GERT	RUDE HAMM	OND POT	TER						
190. INFORMANT'S NAME (Type/Print) ELIZABETH ENGI				et and Number or Rural I									
ELIZABETH ENGI	LE HUGUELY	722	1 ARMAT	DRIVE, BI	ETHESDA, 1	MARYLANI	D 20817						
20a, METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Re	moval from State	b. PLACE AND DATE	OF DISPOSITION	N/Name of		OCATION - City	or Town, State						
4 Donation 5 Other (Specify)		ROSEDALI				RTINSBU	RG, WV						
21. SIGNATURE OF FUNERAL SERVICE ► C/Var(ls:)	11. 13 wow		BROV PO I	e and address of fa VN FUNERAL BOX 821, M	HOME, 32	G, WV 2.	5402						
shock, or heert fallure immediate cause. Enter UNDERLYING CAUSE (Pine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
	4												
	ona contributing to death i	but not resulting	In the under	ying ceuse given in		IN AUTOPSY ORMED? 2:500	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
PART II. Other algorificant conditions					PERF	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE						
PART II. Other algorificant condition		OF DEATH YE	ES 🗆 NO	☐ UNCERTAIN	PERFO	ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
PART II. Other algnificant condition	TRIBUTE TO CAUSE C	OF DEATH YE	ES NO	☐ UNCERTAIN	PERFO	ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
PART II. Other algnificant condition	TRIBUTE TO CAUSE C	DF DEATH YE	ES NO	UNCERTAIN	PERFO	ORMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
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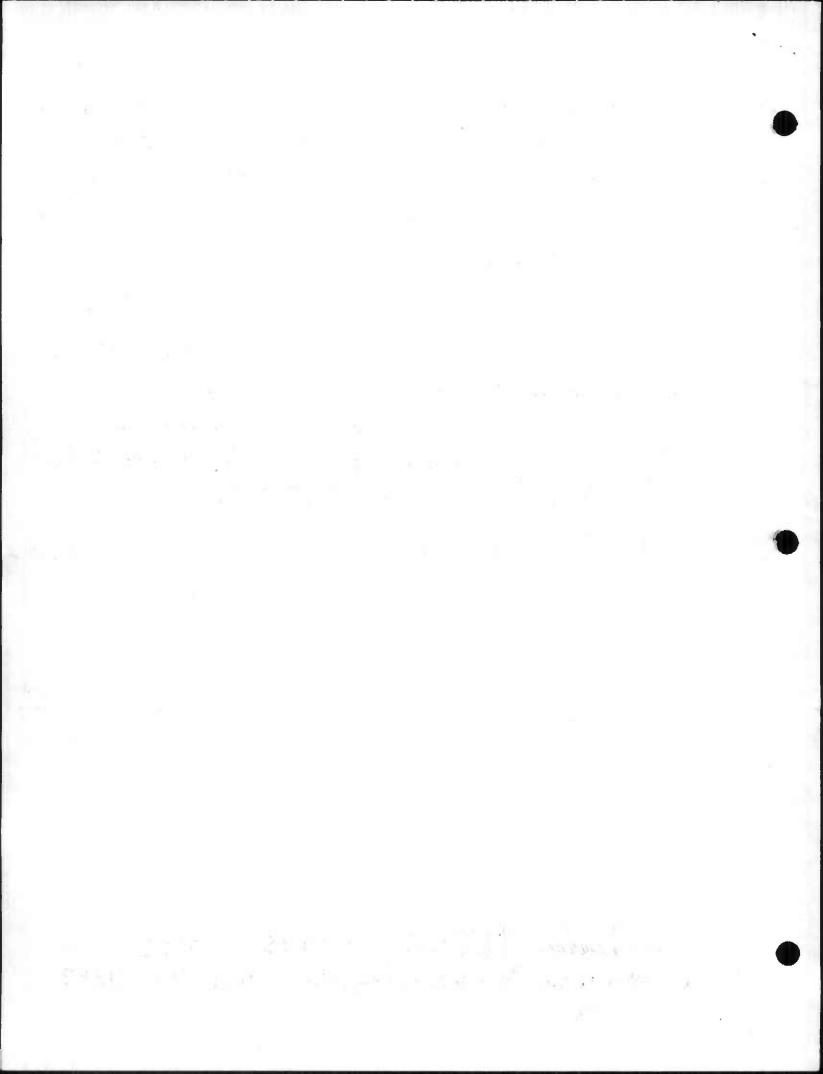
Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death Month **Physician** BARLOW ALCOLM 11:50 A.M JUNI 19 1603 /Medical 4a. Facility Name (If not institution, give straet and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 2840 ROBERT BALTIMORE KOAO MARKVILLE If Under 1 Yaar | If Undar 24 Hrs. 8. Data of Birth (Month, Day, 9. Birthpleca (State or Foreign Country)

OHio 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Months Hours Days 1**X** M 2□ F 18 4673 Yrs. 73 Director 213 JAN.31 1924 Usual Residence of Decedent with the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23s or 28a-f show traumetic event, the Modical Examinating must be nothed at PARKVILLE 1 ☐ Yes 2 No Director MARYLAND BALLIMORE 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 150AD U.S.A 2840 71937 14. Race - American Indian, Bleck, White, etc. 12. Was Decedant Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status pemit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiona. Important: If flem 27 is marked other than "natural;, or its any injury or other traumatic event, the Modical Exementa 1 Never Married Married 1X Yes 2 No If Yes, Give Year or Dates: W.W.II Baltimore, Maryland 21215-0020 Specify: WHITE þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highast grade complated) 18a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry College (1-4or 5+) S Y RS -Elementary/Secondery (0-12) P.A STATE OF MARYLAND 12YRS. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middla, Maldan Surnama) BARLOW WALIER HUBBARD BA ALLE 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) IYRA S. BARLOW MARKV. WE HARYLAND ABOY 2840 KOBER 20b. Place of Disposition (Name of 20c. Location - City or Town, State 20a. Method of Disposition Date cemetery, crematory or other place) JUNE A1 ™ Burial 2 ☐ Cremation 3 ☐ Ramoval from State lorelano I smorial MARK 4 ☐ Donation 5 ☐ Other (Spacify) 22. Name and Address of Facility
EVAN CHARL OF FAMORIZ 8800 HARFORD ROAD -23a. Part 1. Enter the diseasa, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. Approximata Interval Between Onsal and Daath **Physician** Immediate Cause (Final disaasa or condition resulting in death) /Medical Examiner Due to (or as a consequenca of): Examiner sician and burial-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury Due to (or as a consequence of): P.O. Box 68760, attanding physician for use as the buris Physician/Medical thet initieted events resulting in death) Lest Due to (or as a consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? ed by t 1 Yes 2 No 3 Probably 4 Unknown by ecord 24b. Were autopsy findings available prior to completion of cause of death? Completed 24e. Was en eutopsy 1 Yes 28 No 1 Yes 2 No Division of Vital 25. Was casa referred to medical 26. Place of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 ☐ Nursing Homa 5 🖼 Rasidance 8 ☐ Othar (Specify) 1 Yes 25 No 2 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28d. Dascribe how Injury occurred Ather 5 Pending investigation Natural 1 ☐ Yes 2 ☐ No after death Director: 2 Accident 6 Could not be 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homleide To the Hospital Within 24 hours a To the Funeral C ### Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

2 Medicat Examiner: On the best of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and menner stated. 29a. Certiflei 29c. License number 29d. Dete signed (Month, Dey, Year)

State Registrar

ROSS DONEHOWER, M.D. 32 Registrar's Si



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First Middle Last) 2. Date of Death June 24, **Physician** Yaar URSULA 1:00 PM BEZOLD /Medicai 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 2217 Powers Lane Catonsville Baltimore 5. Social Sacurity Number If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 1 M 2 F Vrs 215-22-2829 94 Director 8/7/1902 MD Usual Rasidance of Decadent 10b. County 10a State 10c. City, Town or Location 10d. Inside City Limits Director 1 ☐ Yes 2 ☑ No MD. Baltimore Catonsville 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 21228 2217 Powers Lane USA Funeral 12. Was Decedent Evar In U,S. Armed Forces? 11 Marital Status 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - Amaricen Indian, Black, White, etc. 1 ☐ Yes **XX**No If Yes, Give Year or Dates: 1 Nevar Married 2 Married 1 ☐ Yes 2 ☐ No Specify: þ Specify: white 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade complated) 16b. Kind of Business/Industry Eiementary/Secondary (0-12) Collage (1-4or 5+) 8 homemaker own home 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Be Henry Bezold Agnes (Kaehler) 19e. tnformant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 end 2 s Department of Health er Important: if item 27 is any injury or other trau Ken Clarke - nephew 3510 Ridge Rd., Westminster, Md. 20b. Place of Disposition (Name of cemetery, crematory or other placa) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Ramoval from State 6/27/97 Eldersburg, Md. 4 ☐ Donation 5 ☐ Other (Specify) Lakeview Memorial Park 22. Name and Address of Facility WITZKE FUNERAL HOMES, INC. 23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Approximata

Approximata **Physician** Myo cordist Infortin Acute tmmediate Cause (Final disaasa or condition resulting in death) /Medical **Examiner** Due to (or as a consequence of): Physician/Medical Examiner Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated avents rasulting in death) Last Due to (or as a consequenca of): Due to (or as a consequence of): Part li. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contributa to the cause of death? 1 ☐ Yas 2 → 6 3 ☐ Probabty 4 ☐ Unknown þ 24b. Were autopsy findings availeble prior to Completed Gronary order Disen 24a. Was an autopsy performed? completion of cause of deeth? 1 Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Homa 5 Sesidenca 6 Other (Specify) 1 Yes 2 No Certification: To 27. Manner of Deeth 28c. Injury at Work? 28a. Date of Injury (Month, Day Yaar) 28d. Describe how injury occurred Vatural 5 Pending investigation 1 Yas 2 No 2 Accident 6 Could not ba 3 Suicide 28e. Place of Injury - At home, farm, straet, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homlcide 1 Cartifying Phyatcian: To the best of my knowledge, death occurred at tha time, date and place, and due to the ceuse(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and dua to the cause(s) Medical 29a. Certifier and mannar stated. 29b. Signatura and title of certifian 29c. License number 29d. Data signed (Month, Day, Year) 30. Name and eddress of person is ho completed cause of deeth (Item 23e) (Type, Print) Result 100 Copronlle worns L 405 hedr 31. Date filed (Month, Dey, Year)

32. Registrar's Signeture

State Registrar

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2 should be filed within 72 hours after end Mantel Hygiane. s marked other than "natural", or ite

Baltimore, Maryland 21215-0020

the death certificate be executed

The law requiras that Records.

After

death.

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Box 68760.

P.O.

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Division or Attending ig physician end as the burief-transit

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raumatic event, the Muzical Examiner must be notified at

JUN 27 1997

				State of Ma	aryland / [Departmer Certifica			Mental Hyg	iene g	7	19476	
3	Physici /Medi Examir	cal	Decedant's Nama (First, Middle, La. Elizab 4a. Facility Nama (If not institution, giv.)	eth A. Boo	th			4b. City, Town, or	2. Data of Deal Month		Yaar of Death	3. Tima of Death 10:30 p.10	
	Funeral Director		674 209th Stree 5. Social Security Number 216-28-3464 Usual Rasidence of Decedant		a (In yrs. last bir 65	thday) If Under Months			8. Data of Birth	Year)		del laca (Stata or Foraign try) yland	
	the Maryland 28a-f show notified at	Director	10a. Stata 10b. County	Arundel	10c. City, Tow	Pasader	na p Coda		1	Og. Citizan of V		0d. Insida City Limits 1 ☐ Yas 2 ☑ No	
020	s within 72 hours after death with the Manyand ilons. I than "natural", or items 23s or 28s-f show the Modical Examiner must be notified at	by Funeral D	674 209th Str 11. Marital Status 1 □ Nevar Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Was Dacedant I Armed Forcas? 1 XYas 2 N If Yas, Giva Year or Datas:	1052	13. Was Dece if Yas, spe 1 \(\superscript{Yas}\)	dant of cify Cu	Hispanic Origin? (ben, Maxican, Puar	Specify Yas or No- to Rican, atc.)	U.S.A.			
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aryland	d 2 should be filed in and Mental Hygic I is marked other traumatic event, if	To Be C	17. Fathar's Nama (First, Middla, Last) William H. M 19a. Informant's Name/Raiationship (2)		19b	. Mailing Addras	s (Stree	Anna	ma (First, Middla, I a Stoney Jural Route Number			Coda)	
Baltimore, M	1 an Haali em 2		Milton L. Booth 20a. Mathod of Disposition 1		20b. Piaca of cemarar	Disposition (Na y, cramatory or	ma of othar pi	ace)	100	20c. Location -	City or To	wn, Stata	
■ Balti	permit. Pages Department of Important: If it any injury or o		4 Donation 5 □Othar (Specify) Crownsville VA. Cemetery June 25,1997 Crowns 22. Nama and Address of Facility McCully-Polyniak Funeral Home 3204 Mountain Road Pasadena, Maryla 23a. Parl 1. Enter that the same or complications that caused tha death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hear/failura. List only one cause on each line.										
	Physician /Medicai Examiner		shock, or haan/ailura. List offi Immediata Causa (Final disaasa or condition rasulting in daath)	a	mJ	consequence of					-	P DAYS	
x 68760,	certificate be executed nding physician and use as the buriel-transit	/Medical Examiner	Sequentially list conditions, if any, leading to immadiata cause. Entar Undarlying Causa (Disease or injury that intitated events rasulting in death) Last	b. <u>&</u>	Dua to (or as a o	consequence of)	ent	teny !	seare		10	years years	
s, P.O. Box	ss that the death gned by the atter be detached for the	by Physician/M	Part II. Other significant conditions of	A	-	n tha undarlying	causa ç	jivan in Part I.	23b. Dld 10			the cause of death?	
Il Records,	The law ate has t page 2 s	Completed							24a. Was a perform	med?	eve cor of c	ara autopsy findings aliable prior to mpletion of cause death?	
Division of Vital	ysician: is cartific director,	Certification: To Be	25. Was casa rafarred to medical axaminar? 1 Yes 2 No 27. Manner of Death 1 Natural 5 Pending invastigation 3 Suicida 6 Could not be		y 28b. 1	tpatient 3 D	28c. Inj	ther: 4 Nursing	hath (Check only on Horna 5 Paside 28d. Dascribe ho	ence 6 Oth)	
Divi	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completaly filled in by the funeral	edical Certifi	4 Homicide determined 29a. Cartifiar 1 Certifying Physics	building, atd	: (Specify) of my knowledga	, daath occurred	at tha	time, date and piac	28f. Location (Si City or Town	n, Stata) ausa(s) and ma	inner as st	ated.	
	To the H within 24 To the F complate	Medi	29b. Signatura and title of certifiar	Al Ger	nsa number	29d. Data signed (Month, Day, Year)							
B	Sta	te	30. Nama and addrass of person who described in the second	Horp &	aath (item 23a) G-3 ur's Signatura	1	106	5/		1			

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death **Physician** Month 6. /Medical 4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner OSPITEI en Arunde sin If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) If Under 1 Year Months Days 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** 1□M 2XF Months 214-74-1929 Usual Residence of Decedent June 11, 1901 **Director** Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28a-f show traumstic event, the Modical Exactiner must be notified at MD Yes 2 No Director Anne Arundel 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? Street Eastern U.S.A. 21061 Funeral Was Decedeni Ever In U,S. Armed Forces?

1 Yes 2 No if Yes, Give Year or Dates: 14. Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) permit. Pages 1 and 2 should be flied within 72 hours after Department of Health and Mental Hyglane. Important: if Item 27 is marked other than "natural", or item any injury or other traumatic event 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 XNo þ 3 Widowed 4 □ Divorced White 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working iffe. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 Uwn Homemaker 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be William Mitchel Elizabeth 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zlp Code) Gilbert F. Brown B+A Blvd., Glen Burnie nie, Md. 2101 20c. Locatlon - City or Town, Stete 21061 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) Date Burial 2 Cremation 3 Removal from State 6,58/97 Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) lem. 21. Signature of poneral Service Licensee 22. Name and Address of Facility
RAYMOND C. FINK FUNERAL HOME CRAIN HWY., SW, GLEN BURNIE MD 21061 complications that caused the leath. Do not enter the mode of dying, such as cardiec or respiratory arrest, only one cause on each line. Part1. Enter the disease, or shock, or heart failure. List Approximate interval Between Onsei end Death **Physician** UROSEPSIS /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Due to (or as a consequence of):

AWEMIA, Physician/Medical Examiner ician and burief-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury DIVERTICULITIS Box 68760. physician the that initiated events resulting in death) Last HEART FAILURE 98 esn ō P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24b. Were eutopsy findings available prior to completion of cause of deeth? 24a. Wes en eutopsy performed? Completed 1 Yes 2 No Division of Vital or Attending Physician: 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) 1 Yes 2 No Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) Director: After th 27. Manner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. injury at Work? 1 Netural
2 ☐ Accident 5 Pending Investigation death. 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of injury - At home, farm, street, factory, office building, etc. (Specify) efter 4 - Homicide filled in Hospital
 24 hours e
 Funeral C 29e. Certifier 1 🗹 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, and due to the ceuse(s) and menner as stated. Medical completely 2 Medical Examiner: On the basis of examination end/or investigetion, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and manner stated. (Check only one) within 2 29d. Dale signed (Month, Day, Year)

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State Registrar 10 ac 1

State of Maryland / Department of Health and Mental Hygiene

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	Certificate of Death	

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Physician
/Medical
Examiner

Funeral Director

permit. Pages 1 end 2 should be filed within 72 hours efter death with the Maryland Depentment of Health end Mantal hygiene. Important: If item 27 is marked other than "naturel", or items 23s or 28s-f show any injury or other traumetic event, its Madical Examinat must be notified at

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 42 hours after death.

To the Funeral Director: After this certificate has been signed by the ettending physician and completaly filled in by the funerel director, page 2 should be deteched for use as the burish-transit Division of Vital Records, P.O. Box 68760,

Medical Certification:

n al	GIRADEAU										2. Dete of De Month June	Dev	19	9 ^{Year}	3. Time of Deeth 335p		
r	4e. Fecility Name (/		ALTER DE STORY	umber)					4b. City, To		ocation of Deet		c. County of Deelth PRINCE PRI		EORGES		
	5. Sociel Security N 239-78-93		6. Sex 1 M 2 □ F	7. Age (In)	yrs. lest birt		inder 1 \	eys	If Under Hours	24 Hrs. Min.	8. Dete of Bi (Month, Do 08/10/	rth ey, Year) 1949		9. Birthp Coun NC	lece (State or Foreign try)		
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	20e. Method of Disp XXBuriel 2 (4 Donetion	Cremetion	3 □Removel from	State		Disposition y, cremetory LAWN			се)	6	Dete /28/97						
	21. Signeture	nerel Servica L	Hall	2		STERI 736 I	EDMO	ddre A ND	SHTON SON A	FUN	ERAL HO	OME, :	NC.	D 21	.228		
	23e. Pert1. Enter the disese, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line.											Approximete intervel Between Onset end Death					
5	disease or condition resulting in deeth)	n	e. ATHENOSUS NOTIC CAMIDVASCUUM DISTASE Due to (or es e consequence of):														
	Sequentially list cor if eny, leading to im cause. Enter Unde Ceuse (Diseese or that initiated events	nditions, nmediete onlying	b. ———	Due t	to (or es e c	consequence	e of):										
	Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of):									1							
	Pert II. Other significant		ne contributing to	death but not	resulting in	the underly	ing caus	e giv	ven in Part i			tobacco u		ntribute to	the cause of death?		
							٠	perf	s en eutops ormed?		eve	ere eutopsy findings elieble prior to mpletion of cause deeth?					
0000	25. Was case referrexaminer?	red to medical	Hospital:					04	26. Plece	of Deet	1 Check only		No	1 No 2□ No			

27. Menner of Deeth 1 Naturel 2 Accident

3 Sulcide

29a. Certifier

4 Homicide

5 Pending Investigation

6 Could not be determined

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

1 Yes 2 No

28c. Injury et Work?

28f. Location (Street and Number or Rurel Route Number, City or Town, Stete)

28d. Describe how injury occurred

1 Certifying Phyeiclan: To the best of my knowledge, deeth occurred et the time, date end placa, end due to the ceuse(s) end menner es steted.

**A Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date end placa, and due to the cause(s) end menner steted. 29b. Signature end title of certifier

29c. License number

O.C.M.E.

29d. Dete signed (Month, Dey, Year) June25, 1997

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

MARYS MTD 31. Dete filed (Month, Day, Year) · WORFIC 111 Penn Street, Baltimore, Maryland 21201

28b. Time of

32. Registrer's Signeture



State

Registrar

State of Maryland / Department of Health and Mental Hygiene 97 19479

							Ce	rtificat	e of	Death			Reg. N	No.			713
	Diameter's		1. Decedent's Neme (First, Mi	idia, Las	(1)	0.1						2. Dete of De Month	eeth) au	Voor	3. Ti	me of Deeth
٠,	Physici Medi/		Miriam :	Su	Ivia	Cla	auto	n				June	_ 2	4 1	997	3	53pr
	Exami		4e. Fecility Name (If not institu MERCY	ion, give	street end numb	er)				4b. City, To BAL7		ocation of Dee		c. Count	of Deeth	3.7	
_			5. Social Security Number	6. Se	av 7	Age (In ure	lest birthday	If Under	1 Year	if Under			ath		CIT		
	uneral irector		577–18–2400 Usual Residence of Decedent		∩̂м 2√Д F /′	8		Months	Deys	Hours	Min.	8. Dete of Bi (Month, D AUG 3,	19	15	WASH.	ing.	ron, DC
Maryland	4 show	tor	10e. Stete 10b. Cour	CIT	Y		y, Town or L		TY						1		de City Limits
vith the	or 28a-f	Director	10e. Street end Number 7 SOUTH LINWO	OD 7	Улеми по			10f. Zip	Code	0.4	00.4		10g. Citizen of Whet Country?				
ath w	23	<u>a</u>	A POOTH LIMMO	עט א							224			NITE	STAT	TES .	
72 hours after death with the Maryland	r than "natural", or frams 23a or 28a-f sho the Medical Examiner must be notified at	by Funeral	11. Marital Status 1 Naver Married 2 M 3 Widowed 4 Divorce		12. Wes Decede Armad Force 1 Tes 24 If Yas, Give Year or Data	s? X No	,S. 13.	Wes Deced If Yes, spec		Ilspanic Ori en, Maxicen Specify:	gin? (Sp , Puerto	pecify Yas or No Rican, etc.)	0-	Ble	ce - Americ ck, White, o	etc.	an,
72 hc	natural".	ted	15. Deced	ent's Ed	ucetion		16e. Dece	dent's Usue	Occup	etion	af word	16b. Kind of Business/Industry					
filed within Hygiene.	the Med	Completed	(Specify only high Elementery/Secondery (0-12)	Ť	College (1-4	or 5+)		kind of wor DO NOT us ETARY	se retired	d)	OF WORK	ung		LE	GAL		
Hyg	로널	Be C	17. Father's Neme (First, Midd	e, Last)						18. Mothe	r's Nam	a (First, Middle	, Meide	en Sumer	ne)		
ald be		To B	PERCY B. CLAY	ION						MYR	TLE	LISSON					
2 should be f and Mental B	7 is marke traumatic		19e. Informent's Neme/Reletto	nship (7	ype, Print)		19b. Meili	ng Address	(Street	end Numbe	or Rui	ral Route Numb	nber, City or Town, State, Zip Code) RE, MD 21220 20c. Location - City or Town, State				
1 and 2 Health a	7. tu		DONNA S. SMITH				2219	REDT	HORN	ROAD	BA	ALTIMOR	TIMORE, MD 21220				
So to			20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremetio 4 ☐ Donetion 5 ☐ Other						thar pled		JUNE	Dete	20c.	Location			ote
Phys /Me Exa	sician edicai miner	her	23e. Part1. Enter the disease, shock, or heert feilure. L. Immediate Ceuse (Finel disease or condition resulting in deeth)		e End		9	01 EAS	STER	N AVE	NUE	BALTI or respiretory	MORE		RYLAN	Appro- Interve Onset	ximete al Batween and Deeth
	ending physician and r use as the burial-transit	an/Medical Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last	{	c	Due to (o	r es a consec									yea	urs
deat	ed for u	sick	Part II. Other algnificant condi	tions co	ntributing to death	but not res	ulting in the u	nderlying ca	ause giv	en in Pert I.		23b. Did	tobeco	o uae co	ntribute to	the cr	use of death?
that the	igned by the atter be detached for u	by Physician												2□ No	-1		4 ☐ Unknown
law requir	2 should	Completed b										24e. Was	en aut ormed?	opsy	ave cor	ailable p	ppsy findings prior to n of ceusa
E .	pag	Con										10	Yes	2 No	10] Yes	2 No
Physician:	is certificate director, pa	Be (25. Wes case referred to medi- exeminer?	el							of Deat	th (Check only	one)		1		-
	0 0	To	1 Yea 2 No		Hospitel: 1 ☐ Inpe	atient 2	ER/Outpetie	nt 3 DO	A Oth	er: 4 🗆 Nu	rsing Ho	oma 5□Res	idence	6 Mot	ner (Specify	Ho	spice
0			27. Menner of Death 1 Neturei 5 Pend 2 Accident investigation	ling stigation	28e. Dete of In (Month, in	njury De <i>y Year)</i>	28b. Time o Injury	f 21	8c. Injur Wor 1 □	yet k? Yaş 2⊡l		28d. Describe	how inj				
B 6	To the Funeral Director: After completely filled in by the fune	Certification:	3 ☐ Suicida 6 ☐ Coul 4 ☐ Homicide dete	d not ba mined	28e. Piece of building,	Injury - At ho etc. (Specify	ome, ferm, sto	reet, factory	, office			28f. Location (City or To			ber or Rura	l Route	Number,
24 hours	e Funera	edlcal (29e. Certifier (Check only one) Certify Certify Certify	ing Phy i Exami	sician: To the bearing: On the basis end mannar	of examinet	wledge, deetl ion end/or in	n occurred evestigetion,	et the tin	ne, dete en pinion, deet	d plece, th occurr	end due to the red at the time,	cause(s) and mend plece,	enner es st and due to	eted.	use(a)
within	To the	M	29b. Signeture end title of certifier 29c. License number										29d. D	ate signe	d (Month, L	Dey, Ye	nar)
2	0				samo										24,1	99	7
0	A		30. Name and address of person		1. 12	RO A	40	Print)	5	810 ALTO	30	up.	2120	06			
	Sta	te	31. Dete filed (Month, Dev. Yee	1997	32. Flegt	Barid	ture Pane	الماك									

State of Maryland / Department of Health and Mental Hygiene 9480 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month **Physician** ROBERT L. CONDON, SR. JNE 21. 1997 11:48 P.M. /Medical 4e. Fecilify Nama (If not institution, giva street and number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner BALTIMORE COUNTY BALTIMORE 5111 KING AVENUE 5. Social Security Number If Under 1 Year If Under 24 Hrs. 6. Sex 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) 9. Birthplaca (State or Foreign **Funeral** 1□M 2□F Days Yrs. Director 220-24-0365 MAY 22, 1924 HENRICKTON, MARYLAND Usual Rasidance of Dacadani with the Maryland 10a Stata 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumatic avent, the Medical Examiner must be notified at 10d. Insida City Limits 1 ☐ Yas 2 XNo Directo MARYLAND BALTIMORE BALTIMORE COUNTY 10e. Straat end Numbar 10f. Zip Code 10g. Citizan of What Country? 5111 KING AVENUE 21237 U.S.A. Funeral death 12. Was Decedant Evar in U,S. Armed Forces? 1X) Yas 2 □ No If Yas, Giva Yaar or Datas: WW III 11. Maritai Status Was Decedant of Hispanic Origin? (Spacify Yas or No-If Yes, specify Cuben, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, etc. permit. Pages 1 and 2 should be filed within 72 hours effect Department of Health and Mental Hygiene.
Important: If item 27 is marked other than "natural", or har any injury or other traument. 1 ☐ Nevar Married 2 Married 1□Yas 2XNo altimore, Maryland 21215-0020 Specify: Specify: þ 3 Widowed 4 Divorced WHITE Completed 16a. Decadant's Usual Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education 16b. Kind of Businass/Industry (Specify only highest grada complated) Elementery/Secondery (0-12) College (1-4or 5+) SAUSAGE MAKER 6 ESSKAY MEAT CO. N/A 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Meldan Sumama) Be ROSE FOWLER ALFRED C. CONDON 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) MARTIE C. CONDON (WIFE) 5111 KING AVENUE BALTIMORE, MARYLAND 21237 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, Steta 1 Burial 2 □ Cremation 3 □ Ramoval from Stata 4 □ Donation 5 □ Othar (Specify) GAPDENS OF FAITH CEMETERY JUNE 24, 1997 BALTIMORE, MARYLAND 21. Signatufa of Funaral Service Licensaa 22. Name end Addrass of Facilit LASSAHN FUNERAL HOME. INC. 23e. Pert1. Enter the diseesa, or complications that caused ria death. Do not anter the mode of dying, such as cardiac or raspiratory arrast, shock, or heart failure. List only one cause on each line. 7401 BELATPROAD BALTIMORE, MARYLAND 21236-4625 Approximate Intervei Batwean Onset and Deeth **Physician** /Medical Immedieta Causa (Final disaasa or condition resulting in death) Examiner Examiner been signed by the attending physician end should be deteched for use es the buriel-transit Sequentially list conditions, if any, laeding to immadiata cause. Enter Underlying Cause (Disease or Injury that initiated avants rasulting In daath) Last Due to (or as a consequence of): the death certificete be execu P.O. Box 68760, Physician/Medical Dua to (or as a consequanca of) Part II. Other significant conditions contributing to death but not rasulting in the underlying causa given in Part I. 23b. Did tobacco usa contribute to the cause of death? 3 Probably 4 Unknown 1 Yea 2 No Records, þ 24b. Wera autopsy findings available prior to Completed 24a. Was an autopsy performed? complation of cause of death? certificate hes 1 Yas 2 No Division of Vital Be 25. Was casa rafarred to medical axaminar? 26. Pieca of Death (Check only ona) 1 Yas 2 No Othar: 4 Nursing Home 5 Rasidanca 6 Othar (Spacify) 2 1 Inpatiant 2 ER/Outpatient 3 DOA this 28a. Data of injury (Month, Day Year) 27. Mannar of Deeth 28b. Tima of 28c. injury at Work? 28d. Dascribe how injury occurred Certification: After 1 Natural 2 Accident 5 Panding invastigation Injury death. 1 ☐ Yas 2 ☐ No after death 6 Could not be detarmined 3 ☐ Suicide Placa of Injury - At homa, farm, streat, factory, office building, etc. (Spacify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 6 4 Homicida To the Hospital or within 24 hours at To the Funeral D Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of axaminetion end/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) 29b. Signature an me of certifier 29c. Licensa number 29d. Data signed (Month, Day, Year) pleted causa of death (Item 23a) (Type, Print) DR. Soite 14 Owings Mills Md ZIII7 MD

32. Registrar's Signature

lia Davidsor

DHMH 16 Rev 6/95

State

Registrar

31. Data filed (Month,

JUN 2

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hysic? Medi/		1. Decedent's Name (First, Middle,	Last)				2. Date of De			3. Time of Death		
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Examí	ner	4e. Facility Neme (If not institution,				4b. City, Town, or						
			imore Stre			Colgate				e Co.		
uneral rector		5. Social Security Number 216-30-5305	6. Sex 7. Age	(In yrs. lest birth	Months Days			th ay, Year) 3. 1935		lace (State or Foreign try) TYLAND		
		Usual Residence of Decedent		VI .			July	J, 1755	IVICO	igiana_		
show	-	10a. State 10b. County	Baltimore	10c. City, Town	or Location		Calaa	10d. Inside City Limit				
ai', or items 23a or 28a-f show Exprended must be notified at	Director	Maryland 10e. Street end Number	baccinore		10f Zin Code		Colga		40 - 1 0	1 □ Yes 2 X X o		
a or	급		<i>t'</i> 0 <i>t</i> .		10f. Zip Code	01004		10g. Citizen of V				
ma 23	Funeral	7805 East Bal	12. Was Decedent E		13. Was Decedent of	21224 Hispanic Orlgin? (5	Specify Yes or No	United	e - Americ			
or Ner		1 Never Married 2 Marrie	Armed Forces?		13. Was Decedent of Hispanic Origin? (Specify Yes, specify Cuban, Mexican, Puerto R			Bled	ck, White,	k, White, etc.		
For	d by	3 ☐ Widowed 4 ☑ Divorced	Year or Dates:		1 ☐ Yes 2 🛣 No	Specify:		Specify	v: (white		
natu	ete	15. Decadent's (Specify only highest	Education grade completed)	16a. D	Pecedent's Usual Occu Give kind of work done ife. DO NOT use retire	pation during most of wo	orking	16b. Kind of Bu	usiness/inc	dustry		
r than "natural", or the Medical Exert	Completed	Elementary/Secondary (0-12)	College (1-4or 5+	H)			Manuka	o tur	ino			
other /ent,	Be Co	8 Years 17. Father's Name (First, Middle, L.	est)	C	ommunicati		me (First, Middle	, Maiden Sumer		ury		
marked c	To B	Norman Frank C	ash			Virgini	Virginia Barne		\mathcal{A}			
S TAN		19a. Informent's Name/Relationshi	p (Type, Print)			urel Route Numb	rel Route Number, City or Town, State, Zip Code)					
7.4		Laura J. Knigh	t/Daughter					uerto Rico 00936-3521				
		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion	3 □ Removal from State		Disposition (Neme of cremetory or other pla		Date	20c. Location -				
important: If any injury or once.		4 Donation 5 Other (Specify) Crestlawn Cemetery 6/28/1997 Marriotts										
any in		21. Signature of Funeral Service Licensee 22. Name and Address of Facility Duda-Ruck Funeral Home of Dundalk, Inc.										
		1 1	amplications that saveed t	the death. Do so	7922 Wis	e Ave. I	Jundalk.	MD 212				
sician		shock or heart tabure. List o	nly one ceuse on each line	Dications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, and course on each line. Approximate Interval Betwee Onset end De.								
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Registrar

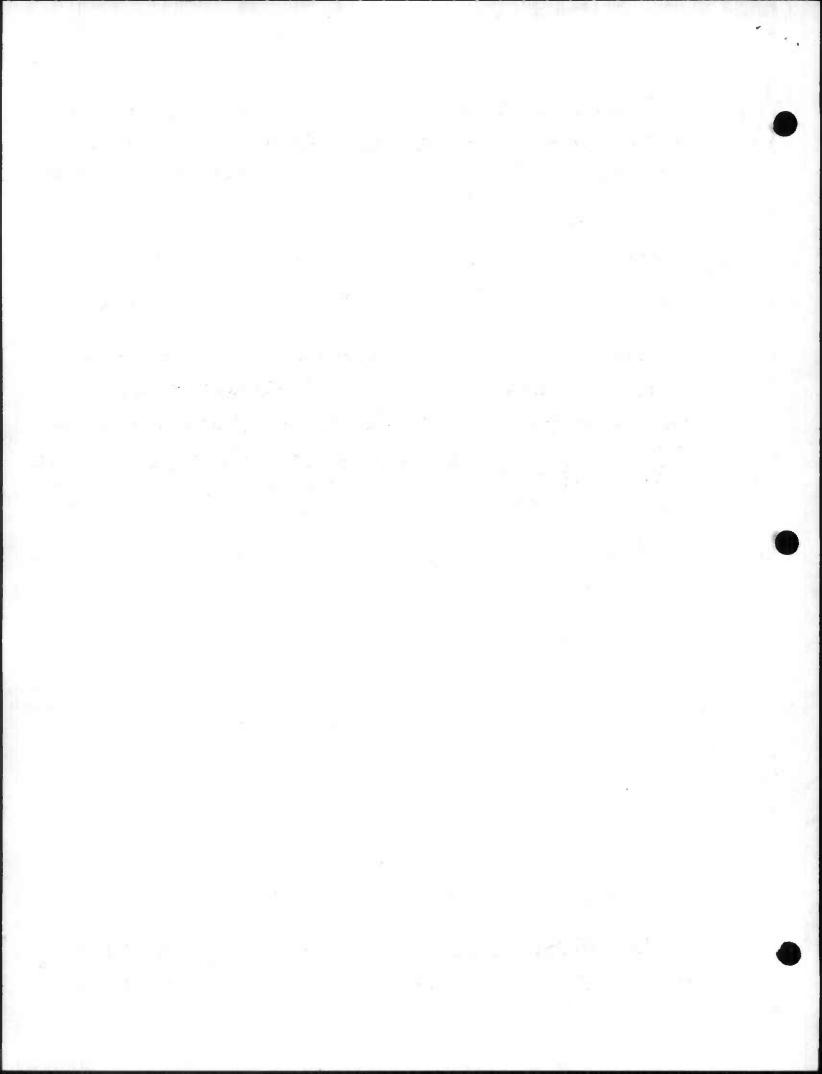
State

32. Registrar's Signature what Davidson-Randallo

DHMH 16 Rev 6/95

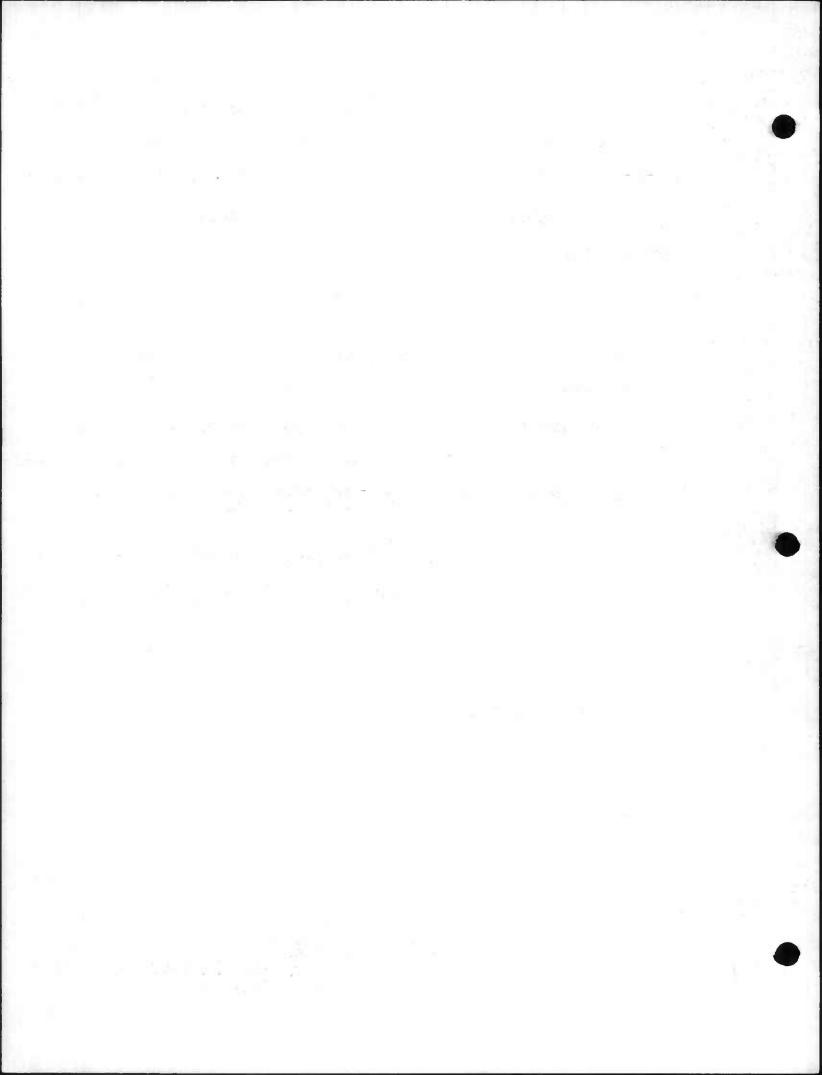
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Dhualal		Decedent's Neme (First, Middle, La.	st)					2. Dete of De Month		Yeer	3. Time of Deet	
Physici /Medic		GRACE	D. CLAUSS	i				JUNE	21 190	17	2:45 6	
Examin		4a. Fecility Neme (If not Institution, giv	e street end number)				4b. City, Town, or	Location of Deet	h 4c. Count	y of Deeth		
Funeral Director		5. Social Security Number 6. S 405 01 9583	EING+KEHAD: ex 7. Age (In yrs. M 284 F 92	lest birt		or 1 Year Deys		(Month, De		9. Birthp Coun KEN	Dilece (State or Fore	
naturel, or items 23s or 28s-f show deal Examiner must be notified at	J.	Usuel Residence of Decedent 10e. Stete 10b. County		^	or Location				•	11	0d. Inside City Lin	
289-	Director	MARYLAND HARFO	ORD	1757	-HIR							
23a or	ai Dir	10e. Street end Number 205 Rings To	LANS		10t. Z	p Code	014		10g. Citizen of	What Coun	try?	
jiena. r than "naturel", or flems 23e or 28e-f show the Medical Examiner must be notified at	by Funeral	11. Maritel Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever in U, Armed Forces? 1 ☐ Yes ② No If Yes, Give Year or Dates:	S.	13. Wes Dece If Yes, spi 1 \(\subseteq Yes	ecify Cub	Hispenic Origin? (Sen, Mexican, Puer Specify:	Specify Yes or Norto Rican, etc.)		ce - Americ ock, White,		
atter leading	ted	15. Decedent's Ed		16e.	Decedent's Usi	iel Occup	petion		16b. Kind of B	Business/Ind	Justry	
ont, the Med	Completed	(Specify only highest gre	College (1-4or 5+)		life. DO NOT	ise retire	^	orking	07	Hom		
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arked o	To Be	Dogn Du	2H2n				MARI	738A-	Alle	^		
a marked aumatic ev		19e. Informent's Neme/Relationship (Type, Print)	19b.	Meiling Addres	s (Street	end Number or R	Sural Route Numb	er. City or Town	State Zin	Code)	
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important: If flem 27 is marked other any injury or other traumatic event, once.		20a. Method of Disposition	20b. P	lece of	Disposition (Ne	me of		Dete 26	20c. Location		1 1 1 1 1 1 1	
any Injury or		4 □ Donetion 5 □ Other (Specify	Hemovel from State	3 /6	Mail V	C ~ C	() · ()		1	1112	VIII	
In a		21. Signature of Funeral Service Licen	hare h	11/2	22. Name e	nd Addre	ass of Facility	1997	Louisi	-	MINIOCK	
any Ir			5 1		EVAG	SF	ess of Facility	HALTI-	BETHIR	4,44	91020	
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clan	1	Onset and Deeth										
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nai-ran	Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying										
se as the burial-transit	edical	Cause (Disease or Injury that initiated events										
for use as	an/M		d	_					11.00			
od fo	Sici	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.					en in Pert I.	23b. Did tobacco use contribute to the cause of death				
	by Physician										pably 4 Unkn	
2 should be	Completed b								en eutopsy ormed?	eve	ore autopsy finding elleble prior to enpietion of cause death?	
200	Con							10	Yes ZE No	1	Yes 2□ No	
	Be	25. Wes case referred to medical					26. Place of De	ath (Check only o	one)			
5	70	exeminer? 1 Yes 2 No	Hospital: 1 ☐ Inpatient 2 ☐ I	ER/Out	patient 3 D	OA Oth	nor: -	Home 5 ☐ Resi		ner (Specify	()	
		27. Manner of Death	28a. Dete of Injury (Month, Day Year)	28b. Ti		28c. Injur Wor		T	how Injury occur			
by the runeral	atio	1 Natural 5 ☐ Pending 2 ☐ Accident Investigation	(WORKI, Day Year)	""	M		Yes 2 □ No					
	9	3 ☐ Suicide 6 ☐ Could not be determined	286. Piece of Injury - At no	me, fan	m, street, factor	y, office		28f. Location (Street end Numi	ber or Rural	Route Number,	
26	i Certification:		building, etc. (Specify					City or To				
completely med in	edicai	29e. Certifier (Check only one) 1	alcfan: To the best of my know ner: On the basis of exeminet end menner stated.	viedge, ion end	or Investigation	et the tir , in my o	ne, date end plece pinion, deeth occi	e, end due to the urred et the time,	date end plece,	enner es ste end due to	the cause(s)	
Con	Σ	29b. Signeture end title of cartifier			29	c. Licens	e number		29d. Dete signe	d (Month, L	Day, Year)	
,		Danker	20-			0	3229=	3	June	23 10	TPP	
1	-	30. Name and address of person who c	ompleted cause of death (Item	23e) (7	Type, Print)				JUNE BELATIF	1	21017	
		DR DAVID Dun	N 11	- 11) === (JAC	HATI (2000 C	Les Arr	ma	RYLAND	
Stat	e	31. Dete filed (Month, Day, Year)	32 Registrate Signet	ure	A5771	61	0/4/17	WAL !	737-4118	1 10	アンアログロ	
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State of Maryland / Department of Health and Mental Hygiene 97 191,92

	Item	:28	e per MD G-748 6/27/97	dh		Cer	tificate	e of De	ath	R	eg. No.	1	19403
	hysici		Decedant's Nama (First, Middla, La.	sı) Harlı	ow	Casse	ell			2. Data of Deat Month June 21	h Day	Yaar	3. Tima of Death 7:15 PM
	/Medic Examir		4a. Facility Nama (If not institution, giv 433 Westfield Ro)				ity, Town, or L undalk	ocation of Death	4c. County	of Death	
	ineral rector		5. Social Sacurity Number 6. S	6ax 7. A	ga (In yrs. 79	last birthday) Yrs.	If Under Months		Under 24 Hrs. ours Min.	8. Data of Birth (Month, Day, Feb. 7,	Y997) 18		iaca (Stata or Foreig try) Virginia
e Meryland	find at	ctor	10a. Stata 10b. County	timore	10c. City	y, Town or Loc	ation			Dundal	k	10	0d. Insida City Limite
ath with th	ast be notified at	Funeral Director	10e. Street and Number 7417 Hill Court				10f. Zip	Coda	212		Og. Cilizen of United		
	Examiner in	by	11. Marital Status 1 □ Nevar Married 2 □ Married 3/2\f(\mathbb{N}\)/Vidowed 4 □ Divorced	12. Was Decedant Armed Forcas' 1X Yas 2 If Yas, Giva Yaar or Datas:	?		/as Daceda Yas, speci □ Yas 2		nic Origin? (Sp axican, Puarto pecify:	pecify Yas or No- Rican, atc.)		ca - Amarica ck, Whita, a V: Wh	
-	her than "naturel", nt, the Medical Ex	Completed	15. Decedant's Ec (Specify only highast gra Elamantary/Secondary (0-12) 8	da compiatad) Collaga (1-4or	5+)		ant's Usual ind of work O NOT use	er	g most of work		16b. Kind of B	l Ind	ustry
Maryland	arked of	To Be	William Casse	ee					Auga		Unknow	1	
nore, Mar ages 1 and 2 sh nt of Health and	Depertment of Health and Mental Hygiena. Important: If Item 27 Ie marked other than any Injury or other traumatic event, the Medice.		19a. Informant's Name/Ralationship (7) Carolyn Estell/Do 20e. Mathod of Disposition 1 ☑ Buriai 2 □ Cramation 3 □	ughter		433 (Jace of Disposematary, cremi	est for ition (Nam atory or of	ield R a of har place)	oad P		Marylar 20c. Location	nd 2	1 2 2 2 wn, Stata
Baltimore permit. Peges 1 a Depertment of He			4 Donation 5 Other (Specify 21. Signature of Puneral Survival Licen 23a. Part1. Enter the disease, or compensors, or heart failure. List only	1500		22. Du	Nama and	Addrass of	Facility	Hama al	D d = 01	7	est Virgi
rifficate be executed TI	doing physician and a consider a constant and constant an	vMedical Examiner	Immediata Causa (Final disaasa or condition rasulting in daath) Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaase or Injury that initiated evants rasulting in daath) Last	a. <i>Mu</i> b. C c. d	Dua to (or Dua to (or	r as a consequence as a	ance of):	/	regoca , H	ingel,	Lua	gay ning	I MON
, P.O. Both	ed by the attendii detached for use	/ Physician/	Part II. Other significant conditions or	nelli		Ilting in tha und	darlying ca	usa givan in	Part I.		bacco usa co		the cause of death
()	_D m	Completed by								24a. Was a	n autopsy ned?	con	ara autopsy findings allable prior to appletion of causa daath?
Ital R	certificate has rector, page 2	Be Com	25. Was casa rafarrad to medical					26	Place of Deat	1 ☐ Ya	as 2 No	1 🗆]Yas 2□ No
Of Vita Physician:	h. After this funeral di	၉	1 1as 2/2 140	Hospital: 1 ☐ Inpati		ER/Outpatient	3 DO	Other: 4		oma 5 Aasida	nce 6 Oth)
or Attending iffer death.		Certification:	27. Mannar of Death 1 ☑ Natural 2 ☐ Accidant 3 ☐ Sulcida 4 ☐ Homlcida 5 ☐ Panding Invastigation 6 ☐ Could not be datarminad	28a. Placa of In	y Year)	28b. Tima of Injury	M	lc. Injury at Work? 1 Yas	2 🗆 No	28d. Dascribe ho 28f. Location (St. City or Town	reat and Numb		Routa Number,
To the Hospital within 24 hours a	completely filled in by the	edical Co	29a. Certifiar 1 Certifying Phyone 2 Madical Examone)	ysician: To the best siner: On the basis o and mannar st	axaminat	viedga, daath o	occurred a stigation, i	t tha tima, da in my opinior	ata and place, n, death occur	and dua to tha ca red at tha tima, da	usa(s) and ma	innar as sta and dua to	atad. tha causa(s)
To the within	comple	Me	29b. Signatura and title of certifier	s la s			29c.	Licansa num		29	OG /	d (Month, L	Jay, Year)
(T)	10		30. Nama and address of person who	completed cause of a	temp (Hem	23a) (Type, P	rint)	Jose		iz M.D.	Baltimo	re, 1	ND 21236
	Sta	te	31. Data filed (Month, Day, Year)	320 Registr	ars Signal	ure	<u>.</u>	00/0	secur	NUUU			



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month AM 24, 1997 4c. County of Death eon une 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death Bon 3cH, more H Under 24 Hrs. 8. Dai Secours 405 5. Social Security Number 7. Aga (In yrs. last birthday) If Under 1 Birthplaca (State or Foreign Country) 6. Sex 1 M 2 □ F 247-06-3040 Usual Residence of Decedent 42 Yrs. March 11,1955 South Carolina 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits Maryland
10e. Street and Number 12 Yes 2 No 10f. Zip Code 10g. Citizen of What Country? 927 21239 Road USA 12. Was Decedent Ever in U,S. Armad Forces? 1 ☐ Yes 2 M No If Yes, Give Year or Datas: 14. Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 1 Never Married 2 Married specify: Black 1 ☐ Yes 2 X No Specify: 3 ☐ Widowed 4 ☐ Divorced 16b. Kind of Business/Industry 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Laborer Construction 10 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Gibbs Sadie David Campbell 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 20b. Place of Disposition (Nama of cometery, cremetory or other place)

Sunset Memorial Borders 30,1997 North Charleston S. Cardin Stringfield -Sister 20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. Signature of Funeral Service Licen 22. Name and Address of Facility 23a. Part. Enter the diseasa, or complications that laused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or heart failure. List only one causa in each line. Approximate Interval Between Onsat and Death immediate Cause (Final disaase or condition resulting in death) Due to (or as a consequence of) Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? completion of cause of death? 1 Yes 20 No 1 ☐ Yas 2 ☐ No 26. Plece of Death (Check only one)

Physician /Medical **Examiner**

Physician

/Medical

Examiner

Funeral Director

by

Completed

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Funeral

Director

the Maryland

permit. Peges 1 and 2 should be filed within 72 hours after death with the Manylar Department of Health and Mental Hygiena.
Important: If Itam 27 is merked other than "natural", or items 23s or 28s-f show any injury or other traumstic event, the Medical Examiner name to notified at once.

altimore, Maryland 21215-0020

physician and s the bunal-transi Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury thet initiated events rasulting in death) Last Physician/Medical use as þ

Completed Be 2 Certification:

certificata be axecuted signed t page 2 should certificate has Hospital or Attending Physician: After this To the Hospital or Attendin within 24 hours after death. To the Funeral Director: Af

Division of Vital Records, P.O. Box 68760.

25. Was case referred to medical examiner? Other: 4 Nursing Home 5 Residenca 8 Other (Specify) 1 Dispatient 1 Yes 2 ER/Outpatient 3 DOA 27. Manner of Death Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 5 Pending investigation Netural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not ba 3 Suicide 28e. Place of Injury - At home, farm, straet, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide



30. Name and eddress of pers on who completed cause of deeth (Item 23e) (Type, Print)

29c. License number 4335 BALTIMONED

Parkway

10% Certifying Physician: To the best of my knowledge, death occurred at the time, dete end plece, end due to the cause(s) and manner as stated.
2 Imagical Exeminer: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

Northern

29d. Date signed (Month, Day, Year)

21215

KECHI FREI) West OKWARA 4000

32. Registrar's Signature

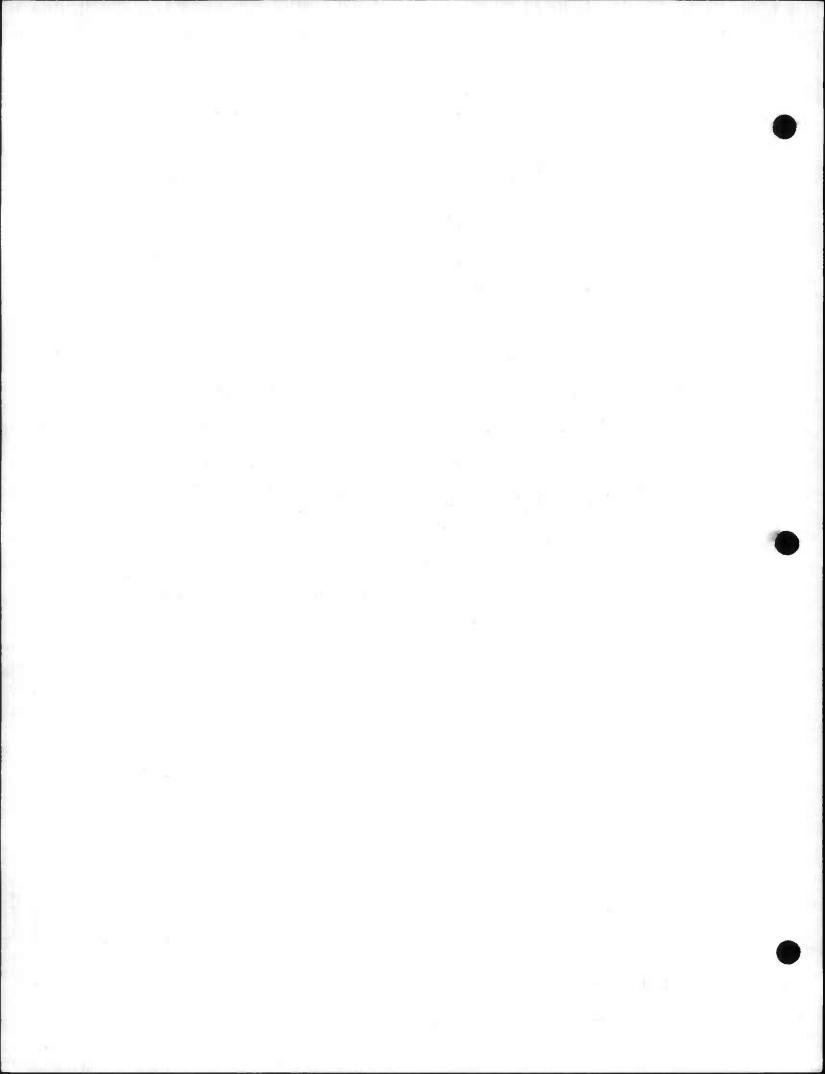
31. Date filed (Month, Day, Year) State JUN 27 1997 Registrar

29a. Certifier

(Check only 29b. Signature an

Medical





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent'e Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Chinn Virgil JUNE 24,1997 20:10 p 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth N/a THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year)

Nov. 24, 1940 5. Sociel Security Number 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) 1⊠M 2□F 268-36-3348 Yrs. 56 West Virginia Usuel Residence of Decedent 10a Stete 10b Counts 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☐ No Maryland Baltimore Catonsville 10e. Street end Number 10f. Zip Code 10a. Citizen of Whet Country? 104 Hillside Road 21228 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Reca - American Indien, Bleck, White, etc. 11. Merital Stetus 1 Never Merried 2 Married 1 Yes 2 No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) Elementery/Secondary (0-12) Salesman Retail 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Arthur William Chinn Doris Bevin 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 104 Hillside Road Catonsville, Maryland 21228 Patricianne Chinn (Wife) 20b. Place of Disposition (Name of cemetery, cremetory or other place) June 26, Carroll Cremation Services 1997 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2. Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Hampstead, Maryland 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility Witzke Funeral Home of Catonsville, Inc. 1630 Edmondson Avenue Catonsville, Maryland 21228 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart fellure. List only one cause on each line. Approximete Intervel Between Onset end Deeth Immediete Ceuse (Finel Respiratory Failure 10 mins disease or condition resulting in deeth) Due to (or es e consequence of) Pleyral Effusions pnoumonia 2 Mays Due to (or es e consequenca of) Adenocarcinoma at months Due to (or es e consequence of) 23b. Did tobecco use contribute to the ceuse of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No

Physician /Medical **Examiner**

2

s been signed 2 should be de

certificate hes

To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifica completely filled in by the funeral director, I

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Completed

Be

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Certification:

Physician

/Medical

Examiner

Director

Funeral

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Completed

Funeral

Director

7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Modical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours efter death. Department of Heelih end Mental Hygiene. Important: if Item 27 is marked other than "naturat", or Items 23, any injury or other traumstic event, tra Medical Examinar mass.

Baltimore, Maryland 21215-0020

P.O. Box 68760.

Records,

Division of Vital

the Maryland

Examiner buriel-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Couse (Disease or Injury that initiated events resulting in deeth) Lest physician s the buriel Physician/Medical

Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I.

History of tonsilar carcinoma Chronic Obstructive Pulmonar Disease 25. Was case referred to medical exeminer? 26. Plece of Deeth (Check only one)

Hospital: 1 Dempatient 2 ER/Outpetient 3 DOA 1 Yes 2 No 27. Menner of Deeth 28a. Dete of injury (Month, Day Year) 28b. Time of 5 Pending investigation 1 Naturel 2 Accident

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury et Work? 1 ☐ Yes 2 ☐ No

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

28d. Describe how Injury occurred

29a, Certifie (Check only one)

3 Suicide

4 Homicide

1 🕒 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end pleca, end due to the ceuse(s) end menner es steted. 2 Medical Exeminer: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end menner stated.

29c. License number

Baltimore, MD

29b. Signature end title of certifier - ms

6 Could not be

Intern Physician

28e. Plece of injury - At home, farm, street, factory, office building, etc. (Specify)

RES -000

29d. Date signed (Month, Dey, Yeer) 6/25/92

30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print)

Eager

1000 E 31. Dete filed (Month, Dey, Year) JUN 27 1997

St. 32. Registrer's Signeture Julia Davidson-Rande

State Registrar

DHMH 16 Rev 6/95

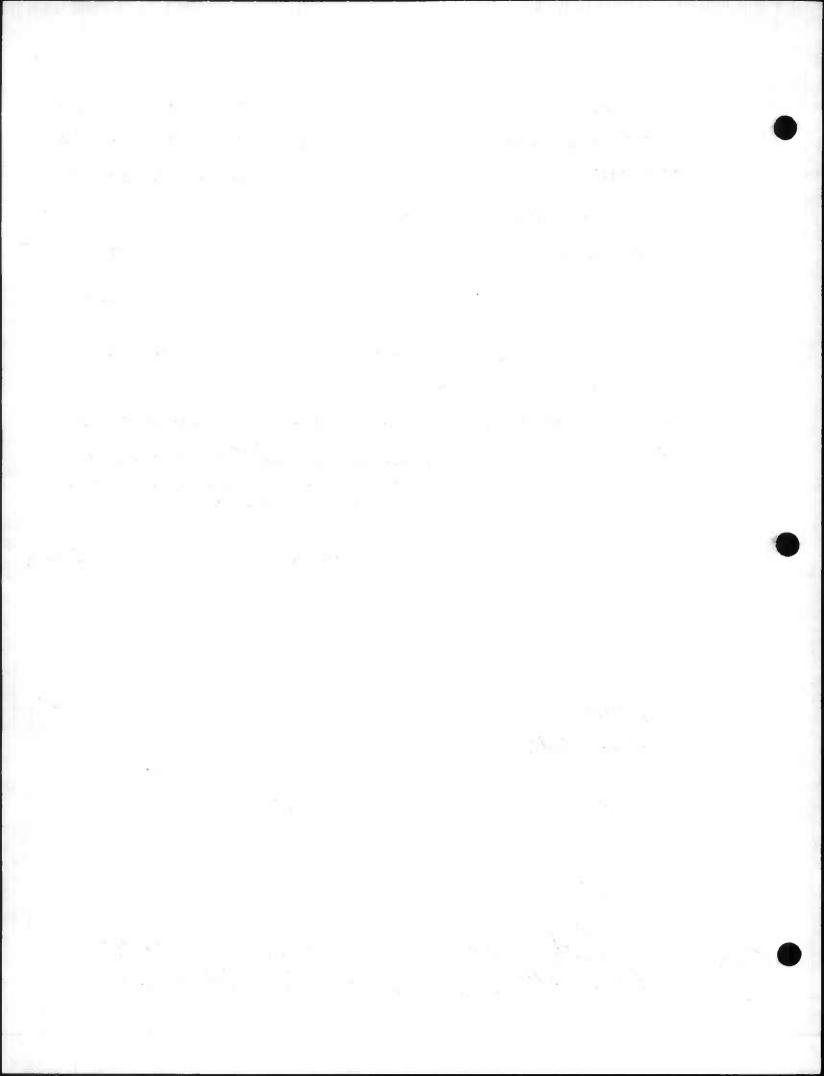
State of Maryland / Department of Health and Mental Hygiene

						Cert	tificate of	Death		Reg. No.			
			1. Decedent's Nama (First, Middle, Le			,			2. Date of De	ath		3. Time of Death	
	Physici		BEATRICE	CREIG	HTON	/			JUNE	Day 20	Year 1997	10:07 AM	
я	/Medi Examir		4e. Facility Name (If not institution, given	re street end number)			1	4b. City, Town, or L	-				
		161	HARBOR HO	SPITAL	CENT		if I Index 1 Vees	BALT II	, ,	1	n/a		
	Funeral Director		219-01-5103	Sex 7. Ag 1□M 2∏ F	e (In yrs. lest bii 77	Yrs.	if Under 1 Year Months Days	Hours Min.	8. Date of Bir (Month, De May 12	1920	9. Birthp Cour Mary	otace (Stete or Foreign ntry) land	
	and w		Usuat Residence of Dacedent 10a. Stata 10b. County		10c. City, Tow	n or Loca	ation					10d. Inside City Limits	
	Maryli sho	5	Md. n/							1 ☐ Yas 2 ☐ No			
	28a-	Director	/	a	Balti	.more				40 00 4		41	
	ith with the Marylan 23a or 28a-f show ust be notified at										USA	itry?	
	items items	Funeral	11. Marital Status	12. Was Decedent Armed Forces?	Ever in U,S.	13. W	as Decedant of H	fispanic Origin? (Sp an, Mexican, Puarto	pecify Yas or No)- 14. Ra	ce - Americ		
Maryland 21215-0020	ours al	þ	1 ☐ Never Married 2 ☐ Married 3 ☐ Midowed 4 ☐ Divorced	1 ☐ Yas 2 🔀 If Yes, Give Yaar or Dates:	No		□Yes 2¶ No			Speci		hite	
5-0	n 72 ho "natur	Completed	15. Decedent's E (Spacify only highest gro	ducetion 16a.		Decede	ent's Usual Occup	nation	kina	16b. Kind of E	Business/In	dustry	
2	S . 3	nple.	Etementary/Secondary (0-12)	Coltege (1-4or 5+)		(Give kind of work done during most of life. DO NOT use retired)		d)	or working				
2	T1 C0 %	Co	9	0		Но	omemaker	ker Home Owner					
nd	be filed tral Hygi d other event,	Be	17. Father's Name (First, Middle, Lest				18. Mother's N		ame (First, Middle, Meiden Surne		eme)		
y a		ို	R.	Hopkins					Lul	a Rowe			
a			19a. Informant's Neme/Reletionship (end Number or Ru					
			Wesley L. Tiller	y (Sor	1) 8	318	Brookwo	od Road,		sville,	Md. 2	21108	
Baltimore,	ages ant of t: If it y or c		20a. Method of Disposition 1 ☑ Buriat 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif		cemete	ry, creme	ition (Neme of etory or other plea en Memor	∞) ial Park	June 23	20c. Location Glen Bu			
Balti	permit. Pag Department Important: I any Injury o		21. Signature of Funeral Sarvice Lice			Mo	Name and Addre	ess of Facility Olyniak B	uneral	Home of	Sout	th Balto.	
-			23a. Part1. Enter the disease, or com	unlications that caused	I the death Do			rt Ave. E			21230		
J.	Distriction		shock, or heart failure. List only	one cause on each li	ne.	not onto	that mode of dyn	ig, such as column	or raspiratory a	ilast,	- 1	Approximate Interval Between Onsat and Daath	
0	Physician /Medical		Immediate Cause (Finat	0000	210						2 WEEKS		
1	Examiner		disease or condition resulting in death) Due to (or es a consequence of):								į	ZWEEKS	
ш		5								2 WEEK			
9	ted nsit	i i		b. P/V								ZWEEKS	
	and and	Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying	Due to (or as a			LYEAR						
68760,	be e ician bunia		Cause (Diseese of Injury	ZINOM	IOMA OF LUNG						ITENN		
387	phys the	edical	thet initiated events pue to (or as a consequence of):										
Box (eath certificate be executed attending physician and for use as the bunal-transit	2											
Ö.	the death y the atter ached for u	Physician/	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						23b. Dld	b. Did tobacco use contribute to the cause of death?			
P.O.	that the de led by the s detached	hys	CANCER OF	r rin	NEV				1⊠′	Yes 2□ No	3 Pro	bably 4 Unknown	
Ś	es the	by	CHINCKK DI	FID	1461	-							
Division of Vital Record	v requir been s should	Completed	leted	HYPERTEN	1510N					24a. Was perfo	an autopsy ormad?	av	ere eutopsy findings vailable prior to impletion of cause death?
Re	The lav ate has page 2									-57/		,	
व			05.14						10		11	Yes 2 No	
\equiv	Physician: this certific ral director,	Be C	25. Wes cese referred to medical exeminer? 1 ☐ Yes 2 ☑ No	Hospitat:			_ Ott	26. Place of Dee					
o	Phys this ral di	. To	1 ☐ Yes 2 ☑ No 27. Menner of Death	1 Prinpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Oth							y)		
LO O	leath. leath. lor: After the fune	rion	1 ☑Naturel 5 ☐ Pending	28a. Date of Inju (Month, De	Yeer)	njury	28c. Injur Wor		EGG. DOGGINGO	28a. Describe now injury occurred			
2		Ica	3 ☐ Suicide 6 ☐ Could not b	e one Diseased les	uni - At homo fo	M 1 Yes 2 No					(Street and Number or Rurel Route Number,		
≥	or Attend efter death Director: /	Certification:	4 ☐ Homicide 4 ☐ Homicide 4 ☐ Homicide 4 ☐ Homicide 4 ☐ Homicide 4 ☐ Homicide 4 ☐ Homicide 4 ☐ Homicide 4 ☐ Homicide 4 ☐ Homicide						City or To		Der Or Mure	Whole Williper,	
	pital ours oral	- 1	29a. Certifier 1 Certifying Pt	malalara Tankii kwa	And the California					of the same of			
	To the Hospital or At within 24 hours efter of To the Funeral Offect completely filled in by	Medicai		nysician: To the best niner: On the basis of end manner sta	examination an	d/or inva	stigation, in my o	ne, date and place, ppinion, death occur	, and due to the rred at the time,	date and place	enner es s and due to	teted. the cause(s)	
	To the within 2 To the comple		29b. Signature and title of certifier				29c. Licans			29d. Data sign			
			▶ Lyo Shomas	- INTERI	V, ME	DICH	NE AS 2	441614	-38	JUNE.	20 -	1997	
	(T)		30. Name and address of person who										
			AIZY THOMAS. 31. Date filed (Month, Day, Yeer)	HARBUR	HOS!	PIT	AL CE	NTER.	BALT	IMOR	E,	MD.	
	Sta Registr	_	JUN 2 7 1997	Frie	Signature V	fanda	BE _O						

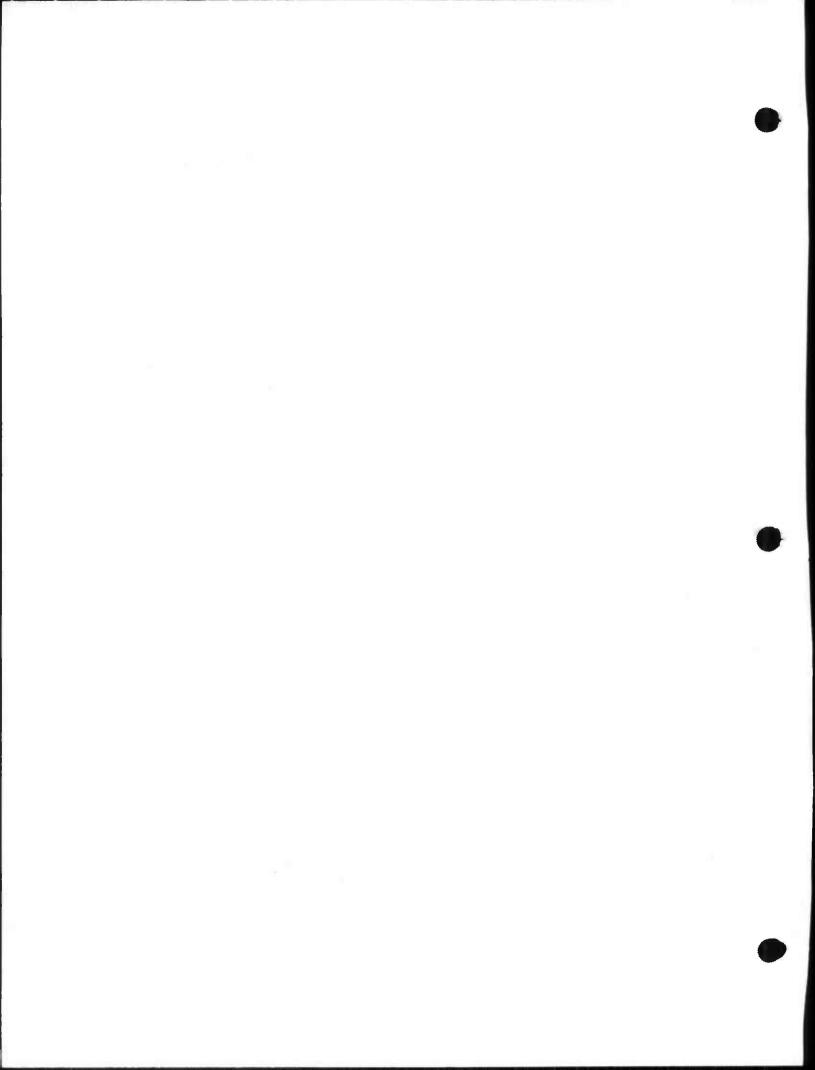
DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

							Cei	rtificate	of L	Death			Reg. I	No.		
	Dhusia		1. Decedent's Name	(First, Middle, La	st)							2. Date of D Month	eeth	Day	Year	3. Time of Death
	Physic /Medi		BERTHA	CRAIG									21 i	<u>.</u> 997	T Gal	5:10 PM
	Exami		4a. Facility Name (#	not institution, giv	e street and number	er)			41	. City, To	wn, or Lo	ocation of Dea	th 4	4c. Count	of Death	
_	Funeral		MARINEI 5. Social Security No	R NURSING		Age (In yrs. las	st birthday)	If Under 1 Y		LEN I		8. Date of B	irth			DEL CO.
Œ.	Director		218-10-03 Usual Residence of	320	□ M 2□ M F	99	Yrs.	Months D	ays	Hours	Min.	Jan. 2	ay, Yes			place (State or Fore ntry) /land
	Ba-f show	ctor	Md .	Anne Art	undel Co.		Town or Lo									10d. Inside City Limi
	23a or 2	Funeral Director	10e. Street and Num	olar Rido	ge Road			10f. Zip Co 2112					10g. (Citizen of	What Cou	ntry?
21215-0020	within 72 hours after death with the Maryland ilene. Then "naturel", or Items 23a or 28a-f show the Marical Examiner must be notified at	by	11. Maritel Stetus 1 ☐ Never Marrie 3 ☑ Widowed		12. Was Decede Armed Force 1 Yes 2[If Yes, Give Year or Date	s? ∑ ¶No		Was Decedent f Yes, specify 1 ☐ Yes 2€	Cubar	spanic Ori , Mexican Specify:	gin? (Sp , Puerto	ecify Yes or N Rican, etc.)	0-	Bla	ce - Americk, White,	
5-0	72 ho	Completed	(Speci	15. Decadent's Edity only highest gra	ducation de completed)		16a. Deced	dent's Usuel O	ccupa	tion urina mosi	t of work	ina	16b.	Kind of B	usiness/In	dustry
12	C	Idm	Elementary/Secon		College (1-4d	or 5+)		kind of work d	etired)					Tomo	O- m-01	
			17. Fether's Neme (First Middle Last	0		ПОШ	emaker		40 Mark	de Mari	- 457 8 81 4 41	1		Owner	
Maryland	od fai	To Be	17. Pether's Neme (n/a		Fisher	r			n/		e (First, Middle	a, Malo	en Sumai	ne)	
a	d 2 should th and Mer 7 is marks traumatic		19a. Informant's Na					ng Address (Si								
	C TO N F		Sherrie 1	Piaskows	ki (Grand	daught	er) 1	986 Pop	ola	r Ric	ige i	Road, I	Pasa	idena	, Md.	21122
Baitimore,	8-25				Removal from Sta	te cen	netery, cren	sition (Name one tory or other	place			une 24 1997			- City or Ti	own, State
Ball	permit. Pa Department Important: any injury once.		21. Signature of Fur	neral Service Licer	2000	nn/l		Name and A CCully- 204 Mou		_						
	Physician		23a. Pagn. Enter the Mock, or hear	e disease, or com t failure. List only	pications that caus one cause on each	ed the death.	Do not ent	er the mode of	dylng	, such as	cardiac	or respiratory	errest,	, 110		Approximate Intervel Between Onset end Deeth
3	/Medical Examiner		Immediate Cause (f disease or condition resulting in death)		а	Due to (or a	turg a n codseq	Den puence of):	en	tra			_			Culmuns
'n	be executed sician and burist-transit	Examiner	Sequentially list con if any, leading to im- cause. Enter Under	ditions, mediate	b	Due to (or a	s a conseq	uence of):							 	
x 68/60,	ing phy e as the	Medical	Cause (Disease or a that initiated events resulting in death) L	njury	6	Due to (or a	s a conseq	uence of):								
000	death o a attend ad for us	Physician/			9,											
	y the de	ysic	Part II. Other signific			but not resulti	ng In the ur	nderlying caus	e give	n in Part I.		23b. Did	tobac	CO USO CO	entribute t	o the cause of deat
0, 7,	thet deta	by Ph	150	es arthu								1	Yes	2□ No	3 Pro	bebly 4 Onkno
necolds,	aw requisite the second	Completed	Osk	co arthu	ti							24a. Wa perf	s an au ormedi	topsy	av	fere eutopsy finding vailable prior to empletion of cause death?
Ē	m	E										10	Yes	2 1 No	1	□Yes 2 No
AIIa		Be	25. Was case referre	ed to medical						26. Place	of Deat	h (Check only	one)			
>	5 00	To	examiner?	50	Hospitel: 1 ☐ Inpe	itient 2□EF	VOutpatien	t 3 DOA	Othe	r: 4 🗆 Nu	rsing Ho	me 5□Res	idence	8 🗆 Otl	ner (Speci	fy)
	Aftar Aftar fune		27. Manner of Deeth 1 ☑ Natural 2 ☐ Accident	5 Pending investigation	28a. Date of Ir (Month, I	njury Da <i>y Year)</i>	Bb. Time of Injury	28c.	Injury Work 1 Y	et ? 'es 2 □ I		28d. Describe	how in	jury occu	rred	
DIVISION	s efter deat is Director: ad in by the	Certification:	3 ☐ Sulcide 4 ☐ Homicide	6 ☐ Could not be determined	28e. Placa of	Injury - At home etc. (Specify)	e, farm, str	eet, fectory, of	fice			28f. Location City or To			ber or Run	al Route Number,
	To the Hospital or within 24 hours effer to the Funeral Dir completely filled in	edical C	29a. Certifier (Check only one)	Certifying Ph	ysician: To the best inner: On the basis and manner	of examination	edge, death n and/or inv	occurred et the	ne time	e, dete en inlon, deal	d place, th occurr	end due to the ed at the time	ceuse , date a	(s) and m and place,	enner es s end due t	iteted. o the cause(s)
	within 2 To the comple	Me	29b. Signature and t	itle of Aerfifier				29c. LI	cense	number			29d. [Date signe	ed (Month,	Dey, Year)
				/// aux	M	0		1	12	15%	4			6/2	3/97	
(T)		30. Name end dddre	ss of person who	completed cause of	f deeth (Item 2	3e) (Type,	Print) Car	10	01	100	Pd	4	+ 3,	20	
Ì	Sta Registi		31. Dete filed (Month	27 1997	FEIDER	Service disappen	Manda	5	/				<u> </u>			



	1 - STATE OF MARY	LAND / DEPART	MENT OF H	EALTH AND M	ENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)		-		2. DATE OF DEATH		3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign
		9 / YRS.	IONTHS DAYS	HOURS MIN.	(Month, Day, Year) Sept. 11,1	Cou	ryland
TOR	9a. FACILITY NAME (If not institution, give street and number) North Acuada Hospinesidence of December	Isto	Olen	R LOCATION OF DEAT	тн	9c. COUNTY OF	Arunde 1
DIRECTOR	10a. STATE 10b. COUNTY		TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	Maryland Anne Arundel 100. STREET AND NUMBER	LIL		ZIP CODE		100 CITIZEN OF	1 K YES 2 □ NO WNAT COUNTRY?
FUNERAL	422 Forest View Road			21090		United	
FU	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER FORCES? 1 YES	2 X NO	If yea, spe	cify Cuban, Maxican,	ORIGIN? (Specify Yea Puarto Rican, etc.)	Bla	CE — American Indian, ick, Whita, atc.
ВУ	3 Wildowed 4 Divorced IF YES, GIVE WAR OR I	DATES	1 🗆 YES	2 X NO Specify:		Spi	White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S Us (Give kind of wo life. Do NOT use	rk done during mos	N st of working	16b. KIND OF BUS	SINESS/INDUSTRY	
MPLE	Elementary/Secondary (0-12) College (1-4 or 5+)	Homemake	111111111111111111111111111111111111111		Home		
	17. FATHER'S NAME (First, Middle, Last)				E (First, Middle, Maiden Daniels	Sumame)	
BE	Robert Lee Long 19a. INFORMANT'S NAME (Type/Print)	19b. MAILING A	ODRESS (Street as		ute Number, City or Town	n State Zin Code)	
D	Richard Schaener	422 For	est Vie	w Road, 1	Linthicum	, MD 21	090
	20a. METHOO OF DISPOSITION 1X Burlal 2 Cremation 3 Ramoval from Stata 4 Donation 5 Other (Specity)	b.PLACE AND DATE OF metery, cremetory or othe oudon Park	OISPOSITION (Nei	me of	DATE 20c. LOG 27/97 Balt	CATION — City or	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Judon Talk		D AOORESS OF FACIL			neral Home
	· Unn zink		3620 V	Vilkens A			MD 21229
	23. PART I. Enter the diseases, of complications that cause shock, or haert failure. List only one cause on a	d the death. Do no	t anter the mod	de of dying, such	es cerdiac or reepi	ratory arrest,	Approximata interval Setween
	IMMEDIATE CAUSE (Fine)	-17					Onset and Death
	resulting in death) a. OPE TO (OR AS	A CONSEQUENCE OF):					YAL
NO O	Sequentially list conditions, b. Joyle to (OR AS	A CONSEQUENCE OF:	SION				YRS
CAT	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury		CUCA	12 DI	SCATE	2	YRS
CERTIFICATION	that initiated events DUE TO (OR AS resulting in deeth) LAST	A CONSEQUENCE OF):					
	d.						1
MEDICAL	PART II. Other eignificant conditions contributing to deeth	out not resulting in	the underlying	ceuse given in Pa	ert I. 24a. WAS AN . PERFOR		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MED					1 D YES 2	Ano	OF DEATH?
	DID TOBACCO USE CONTRIBUTE TO CAUSE C			UNCERTAIN			4
SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	26. PLACE OF DEATH	THER				
PHYSICIAN:	27. MANNER OF DEATH 28s. OATE OF INJURY (Month, Day, Year)	28th. Time	28c. INJU		Sd. DESCRIBE HOW IN	NJURY OCCURED	
BY	Accident Investigation	1/12/10/12	1 Y	ES 2 NO			
COMPLETED	3 Suicida 8 Could not be detarmined 28a. PLACE OF INJUR building, atc. (Spe	r — At homa, tarm, stri c/ly)	net, factory, offica	2	est. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,
PLE	29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my know	viedga, death occurred	at the time, data	and place, and due to	the cause(a) and man	ner sa stated.	
CO	one) 2 MEDICAL EXAMINER: On the basis of examination	on and/or investigation,	in my opinion, de	eth occured at the tin	ns, data and place, and	d dua to the cause	(a) and manner as stated.
H	29b. SIGNATURE AND TITLE OF CERTIFIER	11000	w	29c. LICENSE NUMBI	93 33	29d. DATE SIGNE	b (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	finl)	700		2	7/1/
	31. DATE/FILED (Month, Day, Year) 32. REGISTRAR'S SIGN	3 to	NOT	MILE	ap f	11000	CCE MD
		on-Randelle					2/20



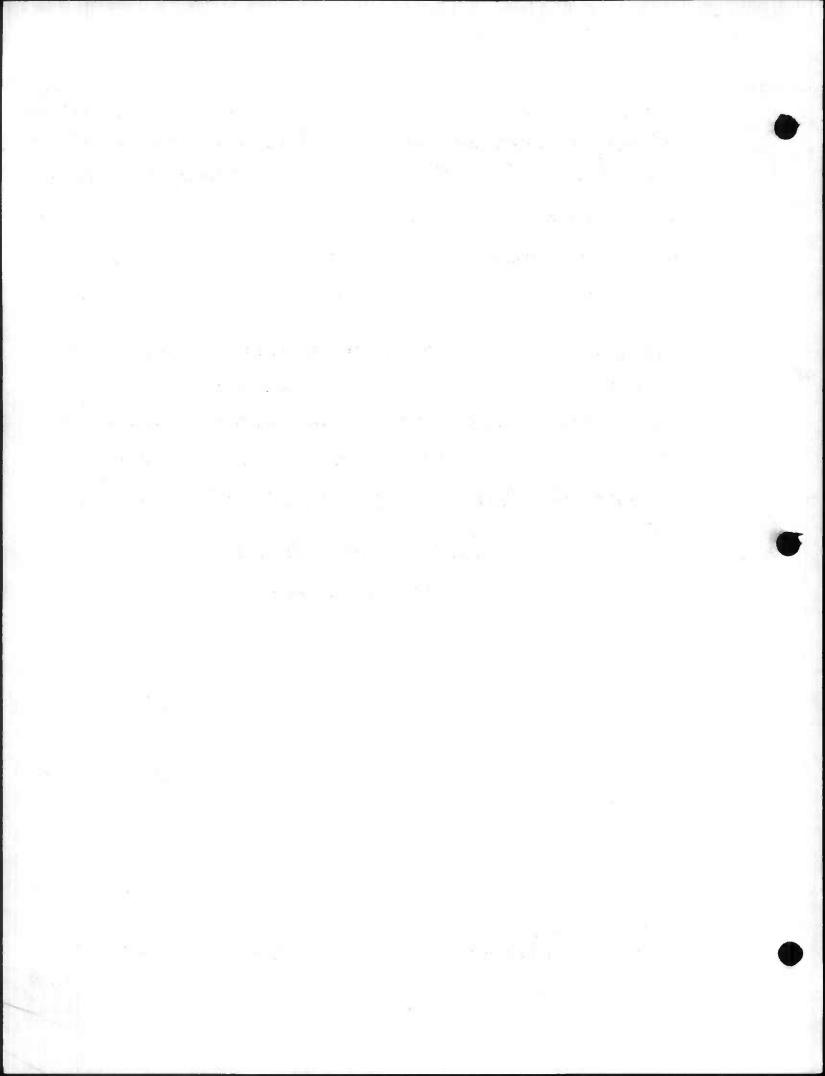
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3 Time of Death **Physician** Courine /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner BATINWR lex MEDICAL ENIEX BAHIMORE 5. Social Security Number 6. Sex 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foreign **Funeral** Months 212-28-6699 64 Yrs Director october of 1932 BALTO., Md Usual Rasidanca of Dacedani the Maryland 10a. State 10b. County 10c. City, Town or Location Item 27 is marked other than "natural", or items 23a or 28a-f show other trsumstic event, the Medical Examinat must be notified at 10d. Insida City Limits MD BALTIMORE BALTIMORE Director 1 ☐ Yas 2 ☑ No 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 2827 PENNSYLVANIA AVENUE 21227 U.S.A. death 12. Was Dacedant Evar in U.S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. permit. Peges 1 end 2 should be filed within 72 hours efter Depertment of Health end Mentel Hygiene. Important: If Item 27 is marked other than "natural", or item any Injury or other treumatic event, the Medical Exerction 1 ☐ Navar Marriad 2 🕅 Married 1 ☐ Yas 2 ☐ÑNo If Yas, Giva Saltimore, Maryland 21215-0020 1 Yas 2 XNo WHITE f Yas, Giva Yaar or Datas: Specify. þ 3 ☐ Widowad 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Spacify only highast grada complated) 16b. Kind of Businass/Industry Eiamantary/Secondary (0-12) Collaga (1-4or 5+) DIRECTOR OF COMMUNICATIONS UNIVERSITY OF MD 12TH GRADE 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) JOHN RHODES GRACE SULLIVAN Lo 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) CHARLES R. COURTNEY (HUSBAND) 2827 PENNSYLVANIA AVENUE - BALTIMORE, MD 21227 20b. Placa of Disposition (Nama of cematary, cramatory or other placa) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☑ Burlal 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) LOUDON PARK CEMETERY 6/30/97 BALTIMORE 21. Signature of Funeral Service Licersee 22. Nama and Addrass of Facility HUBBARD FUNERAL HOME INC. 21229 -4107 WILKENS AVENUE-BALTIMORE, MD 23a Part / Entar tha disaasa, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, story or heart failure. List only one cause on each line. Approximata Intarval Between Onset and Death **Physician** /Medical immadiata Causa (Final disaasa or condition rasulting in daath) Examine Examiner sician end buriel-transit Sequantially list conditions, if any, laading to Immadiata causa. Entar Undarfying Causa (Disaasa or Injury that Initiatad avants rasulting In daath) Last Dua to (or as a consequence of): physician s the buriel Box 68760, Physician/Medical Dua to (or as a consaquanca of): 88 use u ed by the el detached for P.O. Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco uss contributs to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown Records, by 24b. Wara autopsy findings availabla prior to complation of causa of daath? 24a. Was an autopsy performad? Completed peed hes page 2 2 0 No certificate Division of Vital or Attending Physician: 25. Was casa rafarred to medical Be 26. Placa of Death (Check only ona) Hospital: Othar: 4 Nursing Homa 5 Rasidanca 8 Othar (Specify) 1 Yas 2 No 2 1 Inpatiant 2 ER/Outpatient 3 DOA this funeral 28a. Data of injury (Month, Day Year) 27. Manne of Death 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred Certification: After 1 Natural 5 Panding To the Hospital or Attendit within 24 hours efter death. To the Funeral Director: A 1 ☐ Yas 2 ☐ No Invastigation 2 Accidant the 6 Could not be datarmined 3 Suicida 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, street, factory, offica building, atc. (Spacify) filled in by 4 Homicida edical Cartifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated. 29a. Cartifia pletely 2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signay 29c. Licensa number 29d. Data signed (Month, Day, Year) ted causa of death (Itam 23a) (Type, Print)

32. Registrar's Signatura

State

Registrar

JUN 27 1997



State of Maryland / Department of Health and Mental Hygiene 97 | 9490

						Cei	rtificate d	of Death		Re	g. No.		
	Physic	ian	1. Decedent'a Name (First, Middle, La	ist)						2. Date of Death		Year	3. Time of Death
Ų,	/Medi		JOSEPH E.			CHRI	STY	Yes		June	25	14517	533/A
И	Exami	ner	4a. Facility Name (If not institution, gir		r)			4b. City, To	own, or Lo	cation of Death	4c. County		
	111.45		Stella Maris Hosp				(1)	Tows				-	County
	Funeral Director			Sex 7. A 1 M 2 □ F 8		last birthday) Yrs.	If Under 1 Y	ear If Under ays Hours	Min.	6. Date of Birth (Month, Day Feb. 27	,1916	9. Birthp Cour Mary	place (State or Foreign Land
	/land		10a. State 10b. County		10c. Cit	y, Town or Lo	cation			-		1	0d. Inside City Limits
	a-feb	tor	Maryland N/A		Ba	ltimor	e City						1 Yes 2 □ No
	or 28	Oire	10e. Street and Number				10f. Zip Coo			10	g. Citizen of	What Cour	ntry?
	23a	Tai	6011 Winthrope Av	enue			2120)6			U.S.A.		
020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Meryland Depertment of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show shy injury or other traumatic event, the Medical Evaluation must be notified at abos.	by Funeral Director	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorcad	12. Was Deceden Armed Forces 1 14 Yes 2 If Yes, Give Year or Dates:	?	1	Was Decedent f Yes, specify (1 ☐ Yes 2			cify Yes or No- Rican, etc.)		ca - Americ ck, White,	etc.
5-0	72 ho	ted	15. Decedent's E	ducation		16a, Deced	lent's Usual Oc	cupation	et and recorded	1	6b. Kind of B		
21215-0020	filed within Hygiene. ther than "r	Completed	Elementary/Secondary (0-12) 8th Grade	College (1-4or	5+)		Operato	one during mos stired)	or workii		Trucki	ng Co	mpany
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Balt	Depertment Depertment Important eny injur		21. Signature of Funeral Service Licer		2	Jo	hn C. M	ddress of Facilit	Inc.				
6	Physician /Medical Examiner	ler	23a. Part1. Empr he disease, or com shock, or heart failure. List only Immediate Cause (Final disease or condition resulting in death)	a. Paoc	3	Rue	141281)			ANDO			Approximate Interval Between Onset and Death
ox 68760,	h certificete be executed anding physician end use as the burial-transit	n/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last	b.	Due to (or	a consequence as a consequence	uenca of):						
P.O. B	es thet the death c ligned by the etten be detached for ur	/ Physiciar	Part II. Other significant conditions of	ontributing to death t	out not resu	ulting in the un	nderlyIng cause	given in Part I	l.		acco use co		the cause of death?
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Vita	ysicien: The s certificate director, pag	Be	25. Was case referred to medical examiner?						of Death	(Check only one	, /		
0	og Phys ter this neral di	tlon: To	1 Yes 2 No 27. Manner of Death 1 Diviatural 5 Pending 2 Accident investigation	Hospital: 1 Inpati	ury	ER/Outpatient 28b. Time of injury	28c. II	Other: 4 Nuniury at Work?	2	ne 5 Residen 8d. Describe hov			HOSPICE
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	To the Hospital or A within 24 hours effer To the Funeral Directional Completely filled in b	edical	29a. Certifier 1 Cartifying Ph (Check only one) Medical Exam	ysician: To the best linar: On the basis of and manner st	of examinati	vledge, death ion and/or Inv	occurred at the estigation, in m	e time, date an ny opinion, dea	d place, a th occurre	nd due to the cau d at the time, dat	use(s) and ma e and place,	anner as st and due to	ated. tha cause(s)
,	5 1 X	×	29b. Signature and title of certifier	1/	1.	/(29c. Lic	ense number	2/5	290	d. Date signe	d (Month, I	Day, Year)
	(N)		30. Name and address of person who	ompleted cause of o		230) (Type, 5		120	10		4	0	1
	7		DR. SHIRLEY PHOMI	SON-RICHA	ARDS	2300 I	DULANEY	VALLEY	RD.	TIMONI	UM, MI	2109	93

State Registrar

DR. SHIRLEY PHOMPSON—RICHARDS
31. Date filed (Month, Day, Year)

JUN 2 7 1997

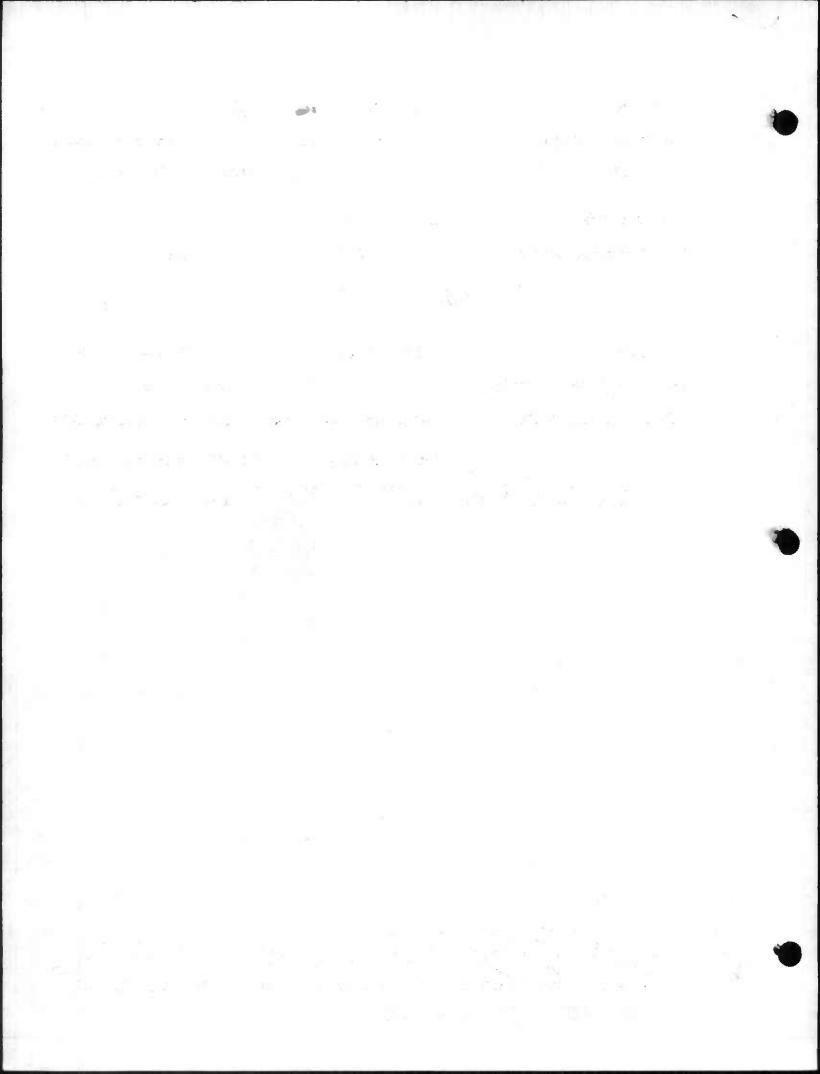
32. Registrar's Signary

Junidom

32. Registrar's Signature

Davidson-Randelle

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle: Last) 2. Dete of Deeth 3. Time of Deeth Zoam P. Deleaver 20ey Joseph 4b. City, Town, or Location of Death 4e. Facility Neme (If not Institution, give street end number) BALTIMORE LEVINDALE NURSING HOME If Under 1 Yeer Months Deys If Under 24 Hrs. Hours Min. 5. Sociei Security Number 2 1 3 - 0 5 - 4 8 9 1 7. Age (In yrs. last birthdey) 83 Yrs. 9. Birthpiece (State or Foreign Deys 1 1 N 2 F VIRTINIA Usual Residence of Decedent 10c. City, Town or Location BALTIMORE 10b. County 10d. Inside City Limits n/a MDXXYes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 4300 21207 UNITED STATES PLACE MIAMI 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 1 ☐ No If Yes, Give Year or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 11. Meritel Stelus 1 Never Merried 2 Merried 1 ☐ Yes 2 ☐ No Specify: BLACK 3 Avidowed 4 □ Divorced 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry GOETZE Elementary/Secondary (0-12) College (1-4or 5+) PACKING PACKER & BUTCHER MEAT 17. Father's Neme (First, Middle, Last) AMBROSE DE LEAVER 18. Mother's Neme (First, Middle, Meiden Sumeme) SMITH ELEANOR 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informent's Neme/Reletionship (Type, Print) ELEANOR BELLAMY -DAUG. 6301 PARK HEIGHTS AVE., B ALTIMORE, MD 20e. Method of Disposition 10 Buriei 2 □ Cremetion 3 □ Removel from State 20b. Plece of Disposition (Name of cemetery, crematory or other plece) 20c. Location - City or Town, Stele DRUID RIDGE CEM. -1 - 97PIKESVILLE. MD 4 ☐ Donellon 5 ☐ Other (Specify) 21. Signeture of Funerel Service Licensee 22. Neme end Address of Fecility 23e. Pert1. Enter the dissesse, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. WM. C. MARCHE H.-4300 WABASH AVE. Approximate Intervel Between Onsel end Deeth Immediate Cause (Finel disease or condition resulting in deeth) cardiae Due to (or as e consequence of): Lasosclessbe Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury venti Laton thet initieted events resulting in deeth) Last Due to (or as e consequence of): 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Y60 2 No 3 Probably 4 Unknown disease 24b. Were autopsy findings aveilable prior to completion of cause of death? 24a. Wes an autopsy performed? Left 1 Yes 2 No 1 Yes 2 No mectami pneum 25. Was case referred to medical examiner? 26. Plece of Deeth (Check only one)

Physician /Medical Examiner The law requires that the death certificate be executed

and

the attending physician

signed by

been s

After this certificate has

P.0.

Division of Vital Records,

or Attending

death.

To the Hospital within 24 hours a To the Funeral I Hospital

s after death

filled in by

completely

Physician

/Medical

Examiner

Director

Funeral

þ

Completed

Be

2

Funeral

Director

?) is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examiner must be notified at

al Hyglene.

permit. Pages 1 and 2 should be filt.
Department of Health and Mental Hy
Important: if Nem 27 is marked oth
any liqury or other traumatic eventons.

Baltimore,

filed within 72 hours after death with the Maryland

use as the the funeral

Examiner Physician/Medical þ Completed Be

Certification: To 27. Menner of Deeth Medical

22 No

5 Pending Investigation

6 Could not be determined

1 Yes

1 Netural

2 Accident

4 Homicide

(Check only one)

29b. Signeture end title of certifier

3 ☐ Suicide

29e. Certifier

State Registrar DHMH 16 Rev 6/95

3

28e. Dete of Injury (Month, Day Year)

Hospitel:

30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) redene IL Gula Megistrar's Signatu

Inpalient 2 ER/Outpalient 3 DOA

28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify)

28c. Injury at Work?

Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and menner stated.

1 ☐ Yes 2 ☐ No

28f. Localion (Street end Number or Rural Route Number, City or Town, State)

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

28d. Describe how injury occurred

State of Maryland / Department of Health and Mental Hygiene 97 19492

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29e. Certifier (Check only one) 29e. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted. 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 29d. Date signed (Month, Dey, Year) 30. Neme end eddress of person who completed cause of deeth (item 23a) (Type, Print) LILIA CEBALLOS, M. D., 7620 YORK ROAD TOWSON, MARYLAND 21204	s aft s aft od in	Se l			56114	ing, oto. (opoon)	/					only on the	, , , , , , , , , , , , , , , , , , , ,		
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			30. Neme end eddress of per	son who	completed caus	se of deeth (item	23a) (Type,	Print)							
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Registrar

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State of Maryland / Department of Health and Mental Hygiene 0.7

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	and **		Usuel Residence of Deced 10e, State 10b.	County			10c. City, Town or	ocation						1.	Od Joel	de Cltv Limite	
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020	72 hours after deeth with the Maryland natural; or items 23a or 28a-1 show pical Examiner must be notified at	by Funeral Director	11. Meritel Status 1 □ Never Merried 2 3 □ Widowed 4 🖾	☐ Married	12. Was De Armed F 1 X Yes If Yes, G Yeer or	Forces? 2 1 1 Sive	12/11/41-	. Was Decede If Yes, specif	nt of h		gin? (Spe , Puerto	ecify Yes or P Rican, etc.)		14. Race - American Indien, Bleck, White, etc. Specify: White			en,
9	2 hou	ted	15. D	ecedent's	Education		10/17/45 16e. Dec	edent's Usuel	Occup	petion			16b	. Kind of B	usiness/in		
21215-0020	s 1 and 2 should be filed within 72 hours af If Heelth end Mental Hygiene. Itam 27 is marked other than "natural", or other traumatic event, the Medical Even	Completed	(Specify only Elementary/Secondery		rede completed College		(Giv	e kind of work DO NOT use	done	during most	of work	ing				,	
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Mar	12 sh h end is m		19e. Informent's Name/Re					ling Address (,	115
	Heelth Barn 27 I		Gary R. Edsa 20a. Method of Disposition		on		6209	Everal	1 7	Avenue	, Ba	iltimo:					
Baltimore,	age ent o		1 ⊠ Buriel 2 ☐ Cren 4 ☐ Donation 5 ☐ O	netion 3		n Stete	20b. Plece of Dis cemetery, cr Garrison	Fores	er ple	oo) 6/2 VA Cem	26/9 eter	7 Dete			- City or To		'aryla
Balt	permit. F Departme Importar any injur		21. Signature of Fineral Service Licensee 22. Name end Address of Fecility John C. Miller, Inc. 6415 Belair Road, Baltimore, Maryland 2120)6		
	Physician		23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one cause on each line.											Approx			
	/Medical Examiner		Immediete Ceuse (Finel disease or condition resulting In deeth)		θ	e CVA											
		16	resulting in deeth)				Due to (or es e cons	equence of):									
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-	execu n and iel-tre	Еха	Sequentielly list conditions if eny, leeding to immedia	s, te			Due to (or es e cons	equence of):									
68760,	deeth certificete be executed e attending physician and ed for use as the buriel-frensit	edicai	cause. Enter Underlying Ceuse (Diseese or Injury that initiated events	~	c		Due to (or es e cons	acceptance of h									
68	tificet ng phy as th	ed	resulting In deeth) Lest			,	Due to (or es e consi	iquerica or).									
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	es thet the deeth cer igned by the attendir be detached for use	Physician/M	Pert II. Other eignificent c	onditione	contributing to	death b	ut not resulting in the	underlying cau	ise giv	ven in Pert I.		23b. DI	d tobac	cco use co	entribute to	the ca	use of death
P.0	of the	Phy	Adres 1	Chai	Clark?	77						10	Yes	2□ No	3 Pro	bably	4 Unknow
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Viita	ilan: ortifica ctor,	Be	25. Wes case referred to rexeminer?	nedical			·····	wife	0-5	26. Place	of Deeth	(Check only	y one)				
1	Physician: this certific iral director,	To	1 ☐ Yes 2 No			Inpatie		ent 3 DOA	Oth	ner: 4 du	rsing Ho	me 5□Re	sidence	e 6 □Oth	ner (Specif	y)	
vision of	a fee	tion:		Pending investigati	28e. Dete (Mo	of Injui nth, Dej	Year) 28b. Time Injury	of 280	. Injur Wor	ryet rk? Yes 2 □ N		28d. Describ	e how l	njury occur	rred		
VISI	r Attandi er deeth rector: A	tification:	2 Accident 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, farm, street, fectory building, etc. (Specify)										Number,				

Registrar

Medical Ce

29e. Certifier

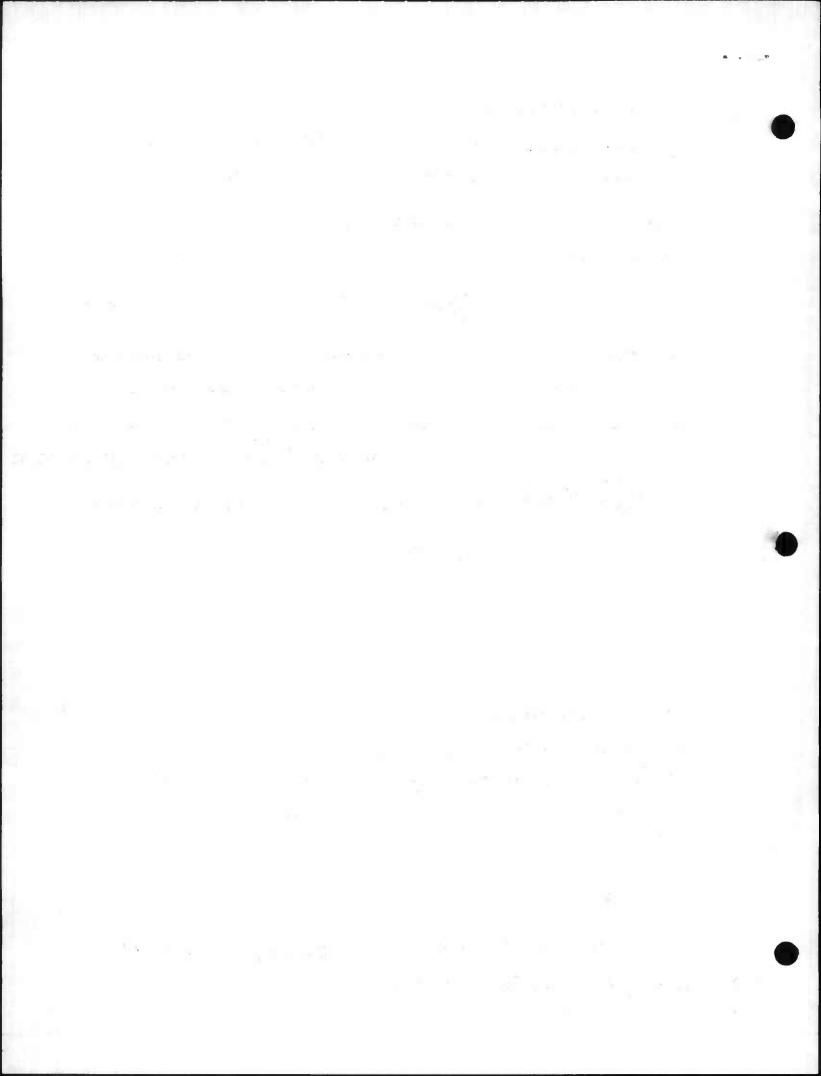
31. Dete filed (Month, Dey, Year) JUN 2 7 1997

29b. Signeture end title of certifier

1 Certifying Phyalclan: To the best of my knowledge, deeth occurred et the time, date end place, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end placa, end due to the cause(s) end menner steted.

29c. License number



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Date of Death 3. Time of Death **Physician** Month JOSEPHAL L. Flance 4e. Facility Name (If not institution, give straat and number) 97 8.15 au 6 /Medical 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Martoro emoria HOSPITA HAVRE DE If Under 24 Hrs. 5. Social Sacurity Number If Undar 1 Yaar 7. Age (In yrs. last birthday) 9. Birthplaca (Stete or Foraign **Funeral** Days 1□ M 20 F Hours 201-07-3130 Yrs. Pennsylvania Director Usual Rasidance of Dacedant the Maryland 10a Stata 10b. County 10c. City, Town or Location ma 23a or 28a-f show 10d. Inside City Limits 1 ☐ Yes 2 No Director Maryland 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? Southern 21014 Completed by Funeral death Itama ; 12. Was Decedent Ever in U,S. Armed Forcas? 11. Marital Status Was Dacedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) Race - Amaricen Indian, Black, Whita, atc. 7 is marked other than "natural", or itan traumatic event, the Medical Examiner. filed within 72 hours after 1 Yas 2 No If Yas, Giva Yaar or Detas: 1 Navar Married 2 Married 21215-0020 1 Yas 2 No Specify: Specify: White 3 ☐ Widowed 4 ☑ Divorced 15. Decedent's Education (Specify only highast grada complated) 16a. Dacedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) Collega (1-4or 5+) Hygiene. 9yrs Jaitelss Baltimore, Maryland 17. Father's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Pages 1 and 2 should be fill ment of Heelth and Mental Hillant: If Item 27 is marked oth Be Gallagher Daver 19a. Informent's Name/Ralationship Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Steta, Zip Coda) or other train 911 Anna Marie Southern daughter 20a. Mathod of Disposition 20b. Place of Disposition (Nema of cematary, cramatory or other place) Deta 20c. Location - City or Town, Stata June 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Othar (Specify) Department of important: If any injury or Chapel-BelAiR uneral permit. 22. Nama and Addrass of Feclity Evans Funeral Chapel 21. Signature of Funaral Service Licensea - Bel AiR WR. FOREST 3 Newport 23a. Part1. Enter the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximata Intarval Between Onsat and Death Physician Cerebro Vascular /Medical Clouden Immediete Cause (Finel 10dans disaasa or condition rasulting in daeth) Examiner Sequentially list conditions, if any, laading to immadiata ceusa. Entar Undarlying Ceusa (Disaase or Injury that initiated evants rasulting in daath) Last Dua to (or as a consequence of): Flanggan Box 68760 3 Physician/Medical Dua to (or as a consequence of) Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobacco use contribute to the cause of death? o Lovetta 1 □ Yee 2 No 3 Probably 4 Unknown oronah arly discare Completed by Division of Vital Records. 24b. Wara autopsy findings available prior to completion of ceusa of death? 24a. Was an autopsy **D880** Josephine 1 Yas 2 No 1 Yas this contilic Be 25. Wes casa rafarred to medical axaminer? 26. Placa of Death (Check only one) 2 1 Yas 2 No Other: 4 Nursing Home 5 Residance 6 Other (Specify) 1 Inpatiant 2 ER/Outpatient 3 DOA 27. Manner of Death Certification: 28a. Data of injury (Month, Dey Year) 28c. injury at Work? 28d. Dascribe how Injury occurred 28b. Tima of Attending 1 UNatural 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accident 3 Sulcide 6 Could not be 28a. Plece of Injury - At homa, farm, streat, factory, office building, atc. (Specify) Location (Street and Number or Rural Routa Number, City or Town, Stata) or A 4 Homicida To the Hospital within 24 hours a To the Funeral C Medical 29a. Certifian tertifying Physician: To tha best of my knowledga, daath occurred at tha time, data and place, and dua to tha causa(s) end menner as stated. 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and menner stated. 29b. Signature and titla of certifier 29c. Licensa number 29d. Data signed (Month, Day, Year) m William 32609 6/24/97 30. Name and eddrass of person who completed causa of death (Item 23a) (Type, Print) annuch Milham mo 703 Revolution St Parre De Gran MD21078

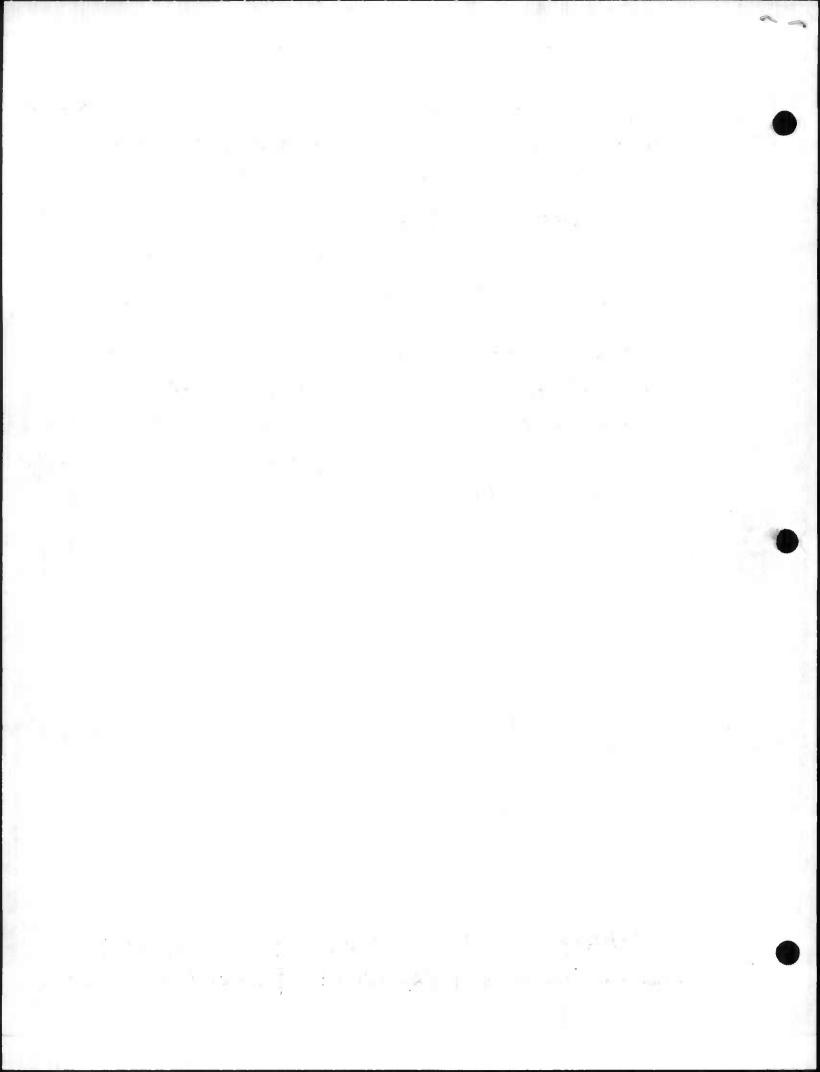
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JUN 2.7 1997

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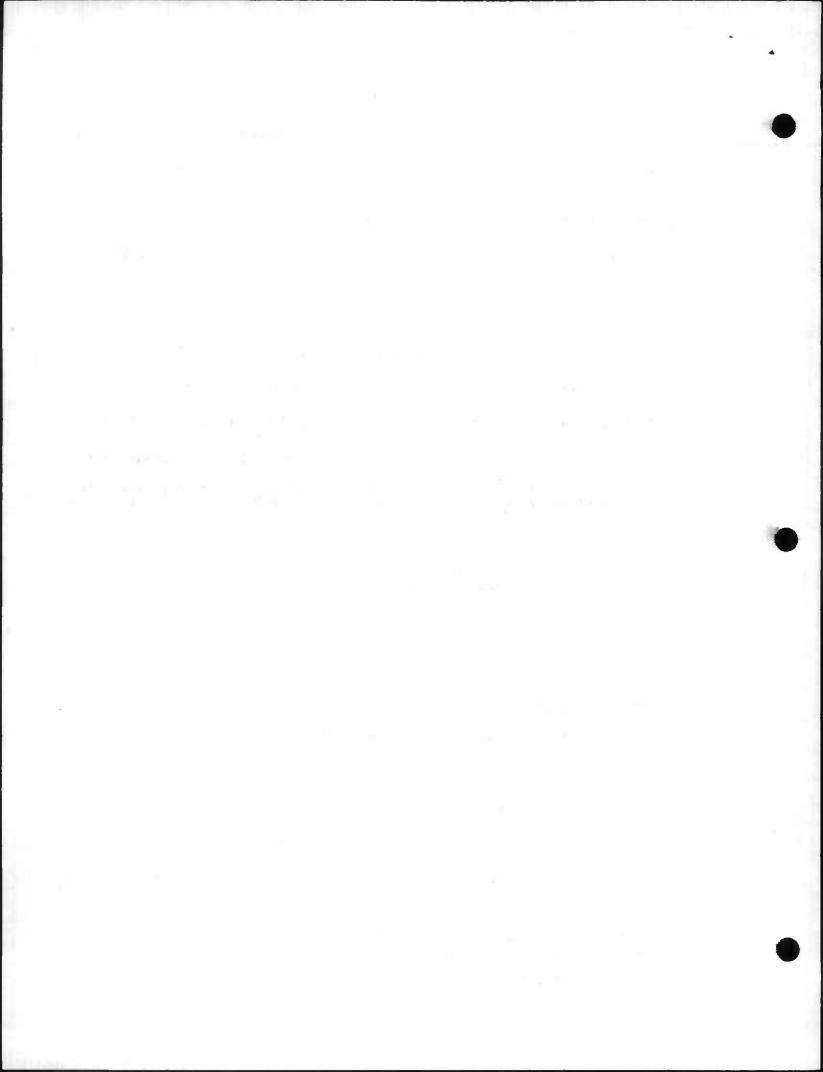
Laka Javidson-Randon



State of Maryland / Department of Health and Mental Hygiene 97 101.05

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10	Funeral Director		5. Sociel Security Number 217–14–5366 Usuel Residence of Decedent	. Sex 7. Ag	e (In yrs. lest 89	birthday) Yrs.	If Under 1 Yea Months Deys		8. Dete of Birth (Month) Dey	(08	9. Birthr Cour Maryl	olace (Stete o otry) and	or Foreign
	rland F		10e. Stata 10b. County		10c. City, To	own or Lo	cation				1	0d. Inside Cl	Ity Limits
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	vith th	Director	10e. Street and Number				10f. Zip Code			10g. Citizen o		itry?	
	a 23e		125 Osborne Ave	nue	Ever in 11 C	12.1	212		and Van as No		S.A.	on Indian	
21215-0020	ges 1 and 2 should be filed within 72 hours after death with the Maryland it of Health and Mental Hygiene. If item 27 is marked other than "natural", or items 23s or 23s-f show or other treumatic event, the Medical Examiner must be notified at	by Funeral	1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	Armed Forces?			If Yas, specify Cu	Hispenic Origin? (Speed, Mexican, Puerto Specify:	Rican, etc.)	Spec	leck, White,	etc.	
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ary	2 shou and M e mari	1-	19e. Informent's Neme/Ralationship	(Type, Print)	1	9b. Mailir	ng Address (Stree	et end Number or Ru			m, State, Zip	Code)	
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Baltimore,	Demit. Pages 1 a Depertment of He- Important: If them any injury or oths		20e. Mathod of Disposition 1 ₺ Buriei 2 □ Cremetion 3					June 2		20c. Location			
Ē	Depertment Pepertment Pepertment: Pepertment: Pepertment:		4 ☐ Donation 5 ☐ Other (Spa 21. Signature) of Finnerel Sarvica Lice	**	New (edral Cei		1997	Baltim	ore, Ma	arylan	d
Ba	permit. P Depertme Importan any Injur		V	17. L				neral Home ndson Aver	e of Cat	onsvil	le, In	nc.	0100
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Box 68760,	eath certificate be executed attanding physician end for use as the burial-transit	an/Medical Examiner	Immediete Ceusa (Final disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that intileted events rasulting in death) Lest	a. Artes	Due to (or es // OSC Due to (or es Dua to (or es	e consequence consequence	quence of): The Columns of of the columns of the co	predio Vs	scubr	· dis	esse		
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œ —	The ata h	Com							XIY	es 2 No	13	Yes 2	No
ita I	ysician: The s certificata director, pag	Be	25. Wes case referred to medical examiner?						th (Check only or	ne)			
of	Physician: this certific	T ₀	1 XYes 2 □ No	Hospitel: 1 XInpatie			I SEL DON		ome 5 Resid			y)	
uo	After	ertification:	27. Manner of Deeth 1 ☐ Natural 5 ☐ Panding 2 ☐ Panding Investigat	28a. Data of Inju (Month, Da		njury	W	uryet ork? ⊒Yes 2.Σ%No	28d. Describe h				
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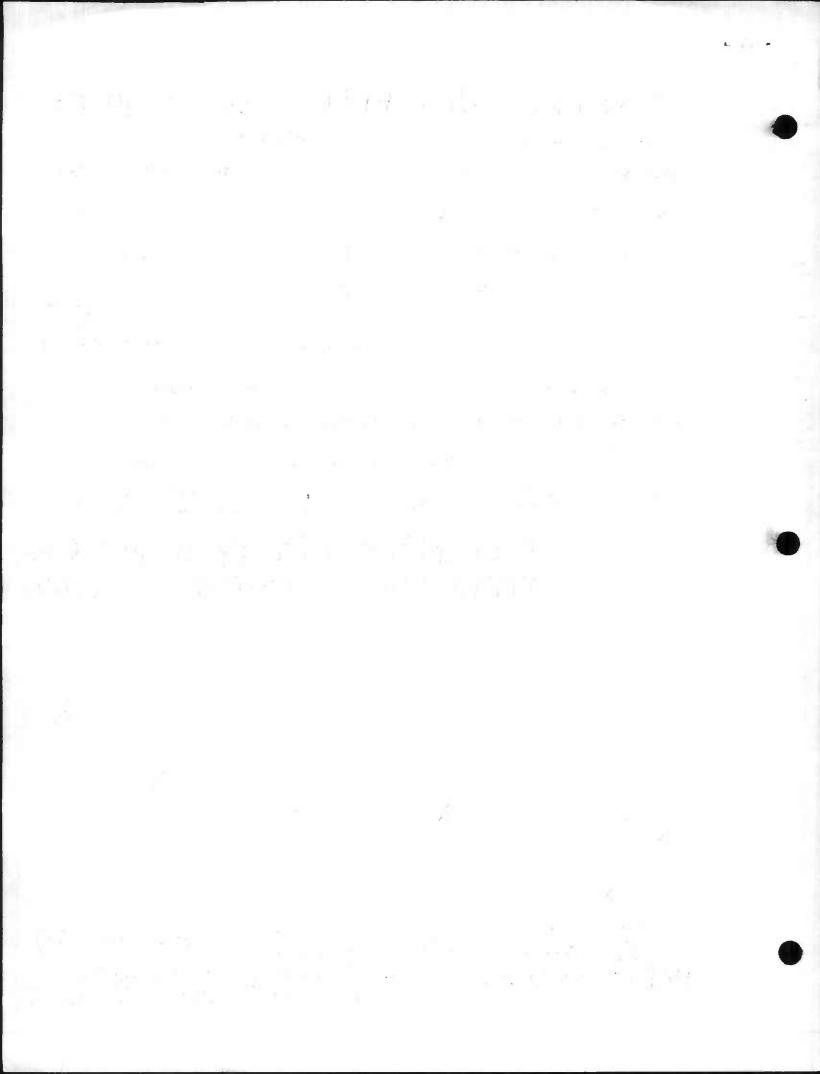
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	5. Social Security N 215-03-76 Usuel Residence of	lumber 6		7. Age (In yrs.	last birthday Yrs.	Months	1 Yea Days		Min.	8. Dete of Birth (Month, De) July 2	7, 1917	9. Birthp Coun Ma	lece (Stete or Foreign try) ryland
tor	10e. State MD.	10b. County N/A			ity, Town or L L timor e							1	0d. Inside City Limits 1 Yes 2 No
rec	10e. Street end Nur	mber				10f. Zip	Code				10g. Citizen of	What Coun	try?
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			Removal from S	State	Place of Disp cem <i>etery</i> , cre tro Cr	metory or o	ther pl			Date	20c. Location		
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an/Medicai Examiner	fmmediete Ceuse (disease or condition resulting in deeth) Sequentially list confirm, leading to incause. Enter Unde Cause (Disease or thet initiated events resulting in death) I	nditions, mediate rhying injury	b. PAR	Due to (or as a conse	equence of):	Ŝ	DI	SF	ASE	D(2E)	13F	Y FAR
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tion: To	27. Manner of Deeth		28e. Date o (Monti	npatient 2 A of Injury h, Dey Year)	28b. Time of Injury		8c. tnj			me 5 ☐ Resid 28d. Describe h		red	/)
ertifica	3 ☐ Suicide 4 ☐ Homicide	6 Could no determine	t be 28e. Place	of Injury - At h	ome, farm, st	traet, factory				28f. Location (S City or Tow		ber or Rura	l Route Number,
Medicai Certification:	29a. Certifier (Check only one)	Certifying	Physicien: To the la saminer: On the ba and mann	sis of examina	owledge, deat ation end/or Ir	th occurred rvestigation	at the	time, date er opinion, des	nd plece, ath occurr	end due to the c	euse(s) and mo	enner as st end due to	ated. tha cause(s)
Me	29b. Signature and	arti	Jungl	- M	D.	7	C. Licar	nsa number	60	4	29d. Date signe	od (Month,	Dey, Year)
	Name and address	1 2/1	1 GHM	D 20	410-	Arint)	31	TCH	HIF	= 1	IGH	WA	14225
e ir	31. Date filed (Mont	N 2 7 199		egistrer's Signa Lia Davids	on-Rand	486	, –	. (1.()	M	12/1//	- (CM	AD-	4400)

State Registrar

To the Hospital or Attending Physician: The law requires that the death certificete be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the ettending physician and completely filled in by the funeral director, page 2 should be deteched for use es the buriet-transit

Division of Vital Records, P.O. Box 68760,



State of Maryland / Department of Health and Mental Hygiene 18 Item 8 per FH Film G749 7-2-97 rja Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth **Physician** /Medical une 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death **Examiner** 7. Age (Inlyrs. last birthday) General 115ton Year 1920 5. Social Security Number 6. Sex Brthplece (State or Foreign
Country) **Funeral** 248-26-2468 Days 1 M 2 □ F 7 Yrs. Director South Usual Residence of Decadent filed within 72 hours efter deeth with the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show treumstic event, the Modical Examiner must be notified at Ves 2□ No by Funeral Director 1 lary land 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ò items 23a hanne 11132 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Detes: 13. Wes Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status Race - American Indian, Black, White, etc. 1 ☐ Never Merried 2 Married 6 1 ☐ Yes 2 No Specify: specify Black 3 ☐ Widowed 4 ☐ Divorced "natural" Completed 18a. Decedent's Usual Occupation (Give kind of work done during most of working life, DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Pages 1 end 2 should be filed within nent of Heelth end Mental Hygiene. int: If Item 27 le marked other than ' Elementary/Secondary (0-12) College (1-4or 5+) Gardening 8 Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Surname) Be Hink Garlana 2 artha 19a. Informant's Neme/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rugal Route Number, City or Town, State, Zip Code) permit. Pages 1 end 2: Department of Heelth er Important: If item 27 le any foliury or other tratence. 2119 Channel Rd. Garland/wife esville ortiaa 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State Jul 1 Burial 2 □ Cremation 3 □ Removel from State 1,1997 4 ☐ Donation 5 ☐ Other (Specify) LOUGON 21. Signeture of Funeral Service Licensee 22. Name and Address of Fecility Doing 1955 Funeral 5 mo, 1701 mc Culloh Street, Baltimore, 21217 Part I. Enter the disease, or complice ons that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximete Intervei Betw Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) **Examiner** Due to (or as a consequenca of) Examiner Attending Physician: The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) nding physician ause as the burial-Division of Vital Records, P.O. Box 68760, Physician/Medicai Due to (or es a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contributa to the cause of death? signed by the 1 Yes 2 No M 3 Probably 4 Unknown by 24b. Were autopsy findings available prior to completion of cause of death? Be Completed 24a. Was an eutopsy performed? Director: After this certificate hes been 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 28. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Medical Certification: To 1 ☐ Yes No 12 npatient 2 ER/Outpatlent 3 DOA 28e. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 1 Natural 5 Pending Investigation 1 ☐ Yes 2 ☐ No death. 2 Accident 6 Could not be 3 Suicide P 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide ò To the Hospital within 24 hours e Hospital Certifying Physicien: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29a. Certifier 29b. Signature end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Walnut 31. Dete filed (Month, Day, Year) 32. Registrar's Signature State

OHMH 16 Rev 6/95

Registrar

JUN 27 1997

1991 A

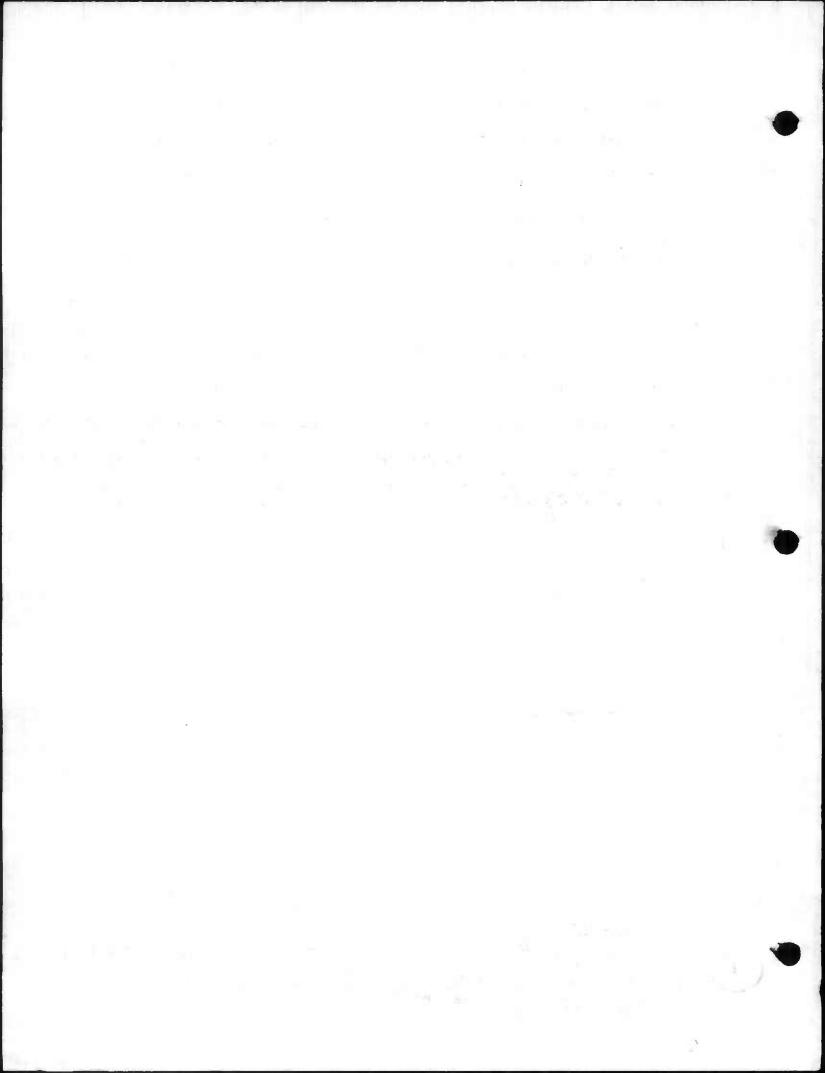
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State of Maryland / Department of Health and Mental Hygiene 97 9498

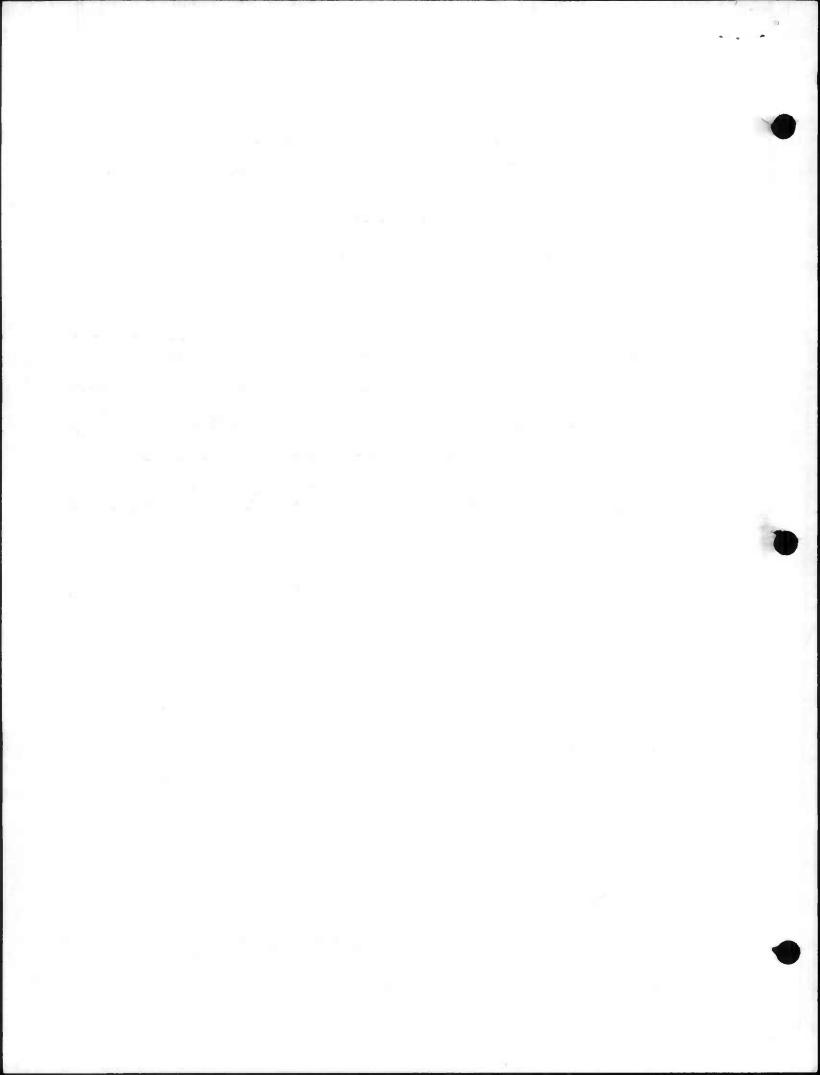
			em: 23 part II, per Phy 1. Decedent's Neme (First, Middle, L		/18/98	Certifica	nte of Death	2. Dete of Deeth	g. No.	3. Time of Death
	Physic		LINDA SUE	GILMORE				JUNE 21		8:00 PM
7	/Medi Exami		4a. Fecility Name (If not institution, gi				4b. City, Town, o	r Location of Deeth	4c. County of	
	LAGIIII	101	402 HOWARD M	ANOR DRIVE			Glen E	Burnie		Arundel
	Funeral, Director	1	Scciei Security Number 6.		yrs. lest birt	(rs. If Und		n. 8. Date of Birth (Month, Dey, March 20		Birthplece (State or Foreign Country) PhtuCky
	p.		Usual Residence of Decedent							-
	anyla ahow	_	10e. Stete 10b. County		c. City, Town					10d. Inside City Limits
	Sa-f	cto	Maryland Anne	Arundel		Glen	Burnie			1 ☐ Yes 2√ No
	3a or 2	il Director	10e. Street end Number 402 Howard Mar	on Drive		10f. 2	(ip Code 21060	10	g. Citizen of Who	et Country?
	ms 2	Funeral	11. Maritel Status	12. Wes Decadent Ever	In U,S.	13. Was Dec	edent of Hispenic Origin? (ecify Cuben, Mexicen, Pue	Specify Yes or No-		• D • A • American Indien,
Maryland 21215-0020	72 hours effer deeth with the Maryland natural, or items 23a or 28a-f show 2cal Examiner must be notified at	by	1 ☐ Never Married 2∑ Married 3 ☐ Widowed 4 ☐ Divorcad	Armed Forces? 1	1985 1990		ecify Cuben, Mexicen, Pue 2⊠ No Specify:	erto Rican, etc.)	Black, Specify:	White, etc. White
5-0	72 hours "natural",	Completed	15. Decadent's E		16e.	Decedent's Us	uel Occupation	1	6b. Kind of Busin	ness/industry
21	C 1 1	ple	(Specify only highest gr Elementary/Secondery (0-12)	College (1-4or 5+)	-	life. DO NOT	uel Occupation vork done during most of w use retired)	orking		
21		000	12	N/A	R	et.chie	ef Petty Offi	icer	Yeoman	U.S.N.
nd		Be	17. Father's Neme (First, Middle, Las.	1)			18. Mother's N	ame (First, Middle, M	eiden Sumeme)	
yla	should be nd Mentel marked o	10	John Stanfie	eld			Má	ary Alvey		
lar	and and series		19a. Informent's Name/Reletionship	(Type, Print)	19b.	Melling Addre	ss (Street end Number or I	Rurel Route Number,	City or Town, St	ete, Zip Code)
	5 1 2 7		David P. Gilmore	Husband		and the same of the same of	d Manor Driv	ve Glen Bu	rnie,Ma	ryland 21060
Baltimore,	of of		20e. Method of Disposition 1 Burlel 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Speci	Themover ironi State		Disposition (No. cremetory of No. (No. (No. (No. (No. (No. (No. (No.				ty or Town, Stete ville,Maryland
Balt	permit. Pag Department Important: I any Injury o		21. Signature of Funeral Service Lies	mul		McCu.	end Address of Facility Lly-Polyniak Mountain Roa	ad Pasaden	a. Mary	land 21122
7	Physician /Medical Examiner	her	23a. Fartt. Enter the disease, or constant. List of lambda, or hear failure. List of limited lambda. List of limited lambda. Immediate Cause (Final disease or condition resulting in deeth)				val Syndrom ing Carcinom			Intervel Between Onset and Death
Box 68760,	death certificete be executed e ettending physician end ed for use es the buriel-transit	n/Medical Examiner	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initialed events resulting in deeth) Lest	C	to (or es e co):	ч			
	deat de ett	sicia	Pert II. Other significant conditions of	contributing to death but no	t resulting in	the underlying	cause given in Pert I.	23b. Did tob	acco usa contri	ibuta to the causa of death?
s, P.O.	es thet the death cei igned by the ettendir be detached for use	by Physician/	Parkinson's Disc	MULTIPLE :				1)X(Yes		☐ Probably 4 ☐ Unknown
Division of Vital Records,	requir	Completed I						24e. Wes en performe	eutopsy 2 ed?	24b. Were autopsy findings aveileble prior to completion of cause of death?
ď	The law ate has page 2	om						1 ☐ Yes	20 No	1 □ Yes ≥ No
ta	ysician: The list certificate hadirector, page	Bec	25. Wes cese referred to medical				26. Plece of De	eeth (Check only one		
1	Physician: r this certificanal director,	To	exeminer? 1 ☐ Yes 2 No	Hospital:	2 ER/Out	patient 3 E	Other	Home 5 Residen		(Specify)
ion o	Attending Ph or death. ector: After th by the funeral		27. Menner of Deeth 1 Naturel 2 □ Accident 1 Accident 2 □ Accident	28a. Dete of Injury (Month, Day Yes	28b. Ti	me of jury M	28c. Injury et Work? 1 Yes 2 No	28d. Describe how		(4)
Divis	E. 전 발 역	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Plece of Injury - building, etc. (Sp.	At home, feri	n, street, fecto	ry, office	28f. Location (Stre City or Town,		or Rurel Route Number,
	ne Hospital n 24 hours ne Funeral pletely filled	edical	29a. Certifier (Check only	yelclan: To the best of my niner: On the basis of exar end menner steted.	knowledge, nination end	deeth occurre for Investigetio	d et the time, dete end place n, in my opinion, deeth occ	e, and due to the cau curred et the time, det	se(s) and menne e and piece, end	er es steted. I due to the ceuse(s)
	To the within 2 To the complet	2	29b. Signature and the of certifier	/n-		2	c. License number	290	d. Date signed (A	Month, Dey, Year)
			Protito de la	6/ND			P09763	T	- 21	4 1007
	(T)		30. Neme end eddress of person who	completed cause of deeth	(Item 23a) /T	vpe, Print)	10176)	لمم	une 2º	TYYT
	()		ARNEL MENDOZA T	AGLE MD 2	7 C. t	Green	Street Baltin	or Hn 2	1201	
	Sta	te	31. Dete filed (Month, Dey, Year)	Author David	190 miles	della	Jacobs	4111		
	Registr	ar	JIIN Z (1994)	1	-	and and				

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					,	Certificate	e of	Death		Reg. No.		
	Physic /Medi		1. Decedant's Neme (First, Middla, La	st)	GIOR	RGILL)		2. Data of De Month	eath Day	Yeer 997	3. Tima of Death
	Exami		4e. Facility Nama (If not institution, give Good Samaritan H					4b. City, Town, or Baltimor	e City	h 4c. County N/A	1 . 1	
	Funeral Director		5. Social Security Number 6. S 213-58-4477 Usual Rasidanca of Dacadani	ax 7. Age	e (In yrs. last bii	Yrs. If Undar Months	1 Yaar Deys	If Under 24 Hrs Hours Min	8. Data of Bir (Month, De May 24	th Year) 1914	9. Birthp Cour Mar	pleca (Stata or Foraign htry) Tyland
	Maryland a-f ehow	tor	10a. Stata 10b. County Maryland N/A		10c. City, Tow Balti	m or Location more Cit	.y				1	0d. Insida City Limits 1 Yes 2 No
	ith with the 23a or 28	rai Director	10e. Street and Number 4413 Glenmore Ave	nue		10f. Zip	Coda 2120	6		10g. Citizan of U.S.A		ntry?
020	n 72 hours efter death with the Maryland "natural", or items 23a or 28a-f show social Examinar must be notified at	by Funeral	11. Marilal Stetus 1 □ Nevar Married 2 □ Marrled 3 ∰Widowad 4 □ Divorcad	12. Was Decedent I Armad Forcas? 1 ☐ Yes 2 1 N If Yas, Giva Year or Deles:		13. Was Deced If Yas, spec		dispenic Origin? (S an, Mexican, Puer Specify:	Specify Yas or No to Rican, etc.)	Specify	ea - Amaric ek, Whita, y: Whi	etc.
21215-0020	I within 72 ho liene. r then "natur fre Med	Completed	15. Decedant's Ec (Specify only highast gra Elamantery/Secondary (0-12)		+)	lifa. DO NOT us	k dona a ratire	during most of wa	rking	16b. Kind of B	Burea	
and 2	be filed ital Hyg of other	Be	6th Grade 17. Father's Nama (First, Middle, Last) Dominic Unknown			.le Clerk antuono		18. Mothar's Na	ma (First, Middla	Baltimo , Maidan Suman nown	na)	nano
Maryland	alth end 27 ie m r traum	To	19a. Informant's Name/Ralationship (Frances G. Hasson		195	. Mailing Addrass		and Number or R	ural Routa Numb	er, City or Town	, Stata, Zip	Coda)
Baltimore,	permit. Peges 1 end Depertmant of Healt Important: If item 2: any Injury or other once.		20a. Mathod of Disposition 1 Burlal 2 Gramation 3 4 □ Donation 5 □ Other (Specify	Ramoval from Stata	20b. Place o cemata	f Disposition (Nam ry, cramatory or of Redeemer	a of ther pla	ce)	Data 6/28/97	20c. Location	- City or To	
Balt	Depenting Dependent Imports any Injection		21. Signatura of Fineral Sarvica Licar	POR	mas	John C.	Mi	ss of Facility ller, In r Road,	C. Baltimor	e. Mary	land	21206
)	Physician /Medical		23a. Part 1. Ent. It a disaasa, or com shock, or hear failure. List only Immediata Causa (Final disaasa or condition	ofications that caused on a causa on a ach lin	4	not enfar tha mode	a of dylr	ng, such as cardia	c or raspiratory a	rrast,		Approximata Intervel Batween Onsat and Death 24 hrs
	Examiner	iner	rasulting In daath)	-	Dua to (or as a	consequence of):	fe	ction				2 1
68760,	requires that the death certificate be executed seen signed by the ettending physician and thould be detached for use as the buriel-transit	edicai Examiner	Sequantially list conditions, if any, laading to immadiata causa. Entar Undarfying Causa (Disaasa or Injury that initiated avants rasulting in daath) Last	C	Due to (or as a	consequance of):						
Box		5	Part II Other algorithment and distance	d					COL BU			
s, P.O.	v requires thet the death ce been signed by the ettendir should be detached for use	by Physician/	Feacal imp	4.5		n me undanying ca	ausa gr	/an in Part I.		Yes 2 No	3 Pro	the causa of death? bably 4 Unknown
ecord	2 S S	Completed	s/p cerebro	vascul	er ac	ciden	+			an autopsy ormed?	ev	ara autopsy findings eilabla prior fo mpletion of causa death?
Vital R	Physicien: The I	Be	25. Was casa rafarrad to medical axaminar?	Hospital:			Oth		1 □ ath (Chack only		10	Yes 2 No
Division of Vital Records,	or Attanding Physafter deeth. Director: After this in by the funeral di	Certification: To	27. Mannar of Death Natural 2 Accidant 3 Suicida 4 Homlcida 2 No 27. No 5 Panding invastigation 6 Could not be datamined	28a. Data of Injur (Month, Day	Year) 28b.		Bc. Injur Wor	4 LI Nursing I		how injury occur	red	y) al Routa Number,
_	To the Hospital within 24 hours of To the Funeral completely filled	edical C	29a. Cartifiar (Check only one) Certifying Ph. 2 Medical Example (Check only one)	ysician: To the best o ninar: On the basis of and mannar sta	axamination an	i, daath occurrad a d/or Invastigation,	it tha tir In my o	na, data and place pinlon, daath occi	e, and dua to tha urrad at tha fima,	causa(s) and madata and place,	annar as s and dua to	lated. tha causa(s)
	To the within To the Comp.	M	29b. Signature and titla of cartifier	eltr		P 29c	Licans	a number) 5 8	0	29d. Date signe		
	A8		30. Nama and addrass of person who of Walky Good Ca 31. Data filed (Month, Day, Year)	maritan Hos	nath (Itam 23a)	(Typa, Print) SOI Lock R	are	n Blvd, B	altimo	, MD	2123	19-2995
	Sta Registr	ar	JUN 2 7 1997	0.5	r's Signatura	ndelle					_	
DH	MH 16 Rev 6/9	5		()		41-22-5						



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Sarah Horvitz 5:22 PM June /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner Laurel Regional Hospital Laurel
If Under 24 Hrs.
Hours Min. Prince George's If Under 1 Year 5. Sociei Security Number 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dev. Year) Birthplace (State or Foreign Country) **Funeral** 1□ M 25kF Deys Director Yrs 579-84-1067 October 22, 1923 Pennsylvania Usuel Residence of Decedent the Maryland 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f shov traumatic event, the Medical Examiner must be northed at Director 1 No Yes 2 No Maryland Prince George's Laurel 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? death with 9200 Montpelier Road Funerai 20708 U.S.A. 14. Rece - American indien, 12. Wes Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) Pages 1 and 2 should be filed within 72 hours after onent of Haalth and Mental Hygiene. Int: If Item 27 is marked other than "natural; or Ite Bleck, White, etc. 1 Never Merried 2 ☐ Married 1 Yes 2 No If Yes, Give Yeer or Detes: 1 ☐ Yes 2 🛣 No þ Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) NEVER WORKED None Unemployed 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme, Be Isadore Horvitz Jennie Millman 19e. informent's Name/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Department of Haalth ar Important: if Item 27 is any injury or other traughter. Freda Wollstein, Sister 800 Hillsboro Drive, Silver Spring, Maryland 20902 20e. Method of Disposition 20b. Plece of Disposition (Neme of 20c. Location - City or Town, Stete National Capitol Hebrew Burial 2 Cremetlon 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Cemetery 6/22/1997 Capitol Heights, MD 22. Name end Address of Fecility
STEIN HEBREW MEMORIAL FUNERAL HOME, INC. 21. Signeture of Funeral Service Licenses Hottlemyck 232 CARROLL STREET, N.W., WASHINGTON, D.C. 20012 23a. Pert1. Enter the disease, or complications that caused the eeth. Do not enter the mode of dying, such as cardiac or respiretory errest shock, or heart feilure. List only one cause on each line. Approximete intervel Between Onset end Deeth Physician VENTRICULAR FIBRILLATION

Due to (or as e consequence of):

CONGESTIVE HEART FAILURE

Due to (or es a consequence of): /Medical immediete Ceuse (Finei diseese or condition resulting in deeth) **Examiner** The law requires that the death certificate be axecuted Sequentially list conditions, if eny, leeding to immediete cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in death) Last EVERE END STAGE MITRAL

Due to (or as e consequence of): Physician/Medical Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by a 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown Completed by PERICARDIAL EFFUSION 24e. Wes en eutopsy performed? 24b. Were autopsy findings avelleble prior to completion of cause of deeth? cartificate has been 2 No 1 ☐ Yes 2 ☐ No Attending Physician: Be 25. Wes case referred to medical 28. Piece of Deeth (Check only one) Hospitel: 1 Unpatient 2 ER/Outpatient 3 DOA al or Attending Physics after death.

I Director: After this or 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 by the funaral 27. Manner of Deeth 28e. Dete of injury (Month, Dey Year) Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 1 Neturei 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 ☐ Homicide Hospital of the hours a To the Hospital within 24 hours a To the Funeral Completaly filled Cartifying Physicians To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(s) end menner es stated.

2 Medical Examiner: In the best of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end piece, end due to the cause(s) and menner steted. Medicai 29e. Certifier 29b. Signeture end title of certifie 29c. License number 29d. Date signed (Month, Dey, Year) M.D

21215-0020

Baltimore, Maryland

Division of Vital Records, P.O. Box 68760.

State Registrar 31. Dete filed (Month, Day, Yeer) JUN 27 1997

ANEES AHSAN

30. Name and address of person who completed cause of death (item 23e) (Type, Print)

7610 CALROLL AVE. SUITE 380, TAKOMAPARK, MD 32. Registrer's Signeture Julia Davidson-Randelle

